

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90117 041 *****70.00

DOCUMENT # N00000004237

1. Entity Name

THE CHARLEE FOUNDATION, INC.

Principal Place of Business

Mailing Address

5915 PONCE DE LEON BLVD.
 SUITE 26
 CORAL GABLES FL 33146

5915 PONCE DE LEON BLVD.
 SUITE 26
 CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1032304

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEGRA, FRANCES P
5915 PONCE DE LEON BLVD.
SUITE 26
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D BLECKE, BERTA**
 STREET ADDRESS **8750 PONCE DE LEON ROAD**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CAPRI, DORIS**
 STREET ADDRESS **15545 MIAMI LAKEWAY APT. 206**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D COLSON, DEAN**
 STREET ADDRESS **200 SOUTH BISCAYNE BLVD. SUITE 4700**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KITCHENS, CLAUDIA**
 STREET ADDRESS **5191 S.W. 78TH STREET**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KLEIN, HANK**
 STREET ADDRESS **2 ALHAMBRA PLAZA PENTHOUSE 2**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEDERMAN, CINDY S**
 STREET ADDRESS **3300 N.W. 27TH AVE. ROOM 201**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE Change Addition
 NAME **D CHRISTINA MENDOZA**
 STREET ADDRESS **1010 COTORRO AVE,**
 CITY-ST-ZIP **CORAL GABLES, FL, 33146**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Berta Blecke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

CR2E037 (9/01)