

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 505971**

1. Entity Name

CHARMEL, INC.**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90080 039 ***158.75

Principal Place of Business

Mailing Address

**3700 ROOSEVELT BLVD
KEY WEST FL 33040
US****3700 ROOSEVELT BLVD
KEY WEST FL 33040-4533
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1678965

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRUTH, MARSHANN
415 CACTUS DR
KEY WEST FL 33040**

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

*Marshann Fruth**2/21/00*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check. Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FRUTH, MARSHANN	3700 ROOSEVELT BLVD	KEY WEST FL 33040	<input type="checkbox"/>
VP	VALDEZ, GEORGE	27 RIVIERA DR.	KEY WEST FL 33040	<input type="checkbox"/>
S	GEROME DEMEZA	2724 HARRIS AVE.	KEY WEST FL	<input type="checkbox"/>
T	BOBBITT, HARVEY	1918 STAPLES AVE	KEY WEST FL 33040	<input type="checkbox"/>
D	FRUTH, MELVIN	415 CACTUS DR.	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melvin R Fruth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-00

Daytime Phone #

305-294-2208

CR2E034 (9/99)