

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90219 012 ***150.00

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1. Entity Name
CHARMEL, INC.

Principal Place of Business
**3700 ROOSEVELT BLVD
KEY WEST FL 33040
US**

Mailing Address
**3700 ROOSEVELT BLVD
KEY WEST FL 33040
US**



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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRUTH, MARSHANN
3700 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040**

Name **George Ganem**
Street Address (P.O. Box Number is Not Acceptable)
3700 N. Roosevelt Blvd.
City **Key West** FL Zip Code **33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRUTH, MARSHANN	
STREET ADDRESS	3700 ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VALDEZ, GEORGE	
STREET ADDRESS	27 RIVIERA DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GEROME DEMAZA	
STREET ADDRESS	2724 HARRIS AVE.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FRUTH, MELVIN	
STREET ADDRESS	3312 NORTHSIDE DRIVE #409	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE GANEM	
STREET ADDRESS	3700 N. ROOSEVELT BLVD.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY GANEM	
STREET ADDRESS	3700 N. ROOSEVELT BLVD.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: **SIGNATURE REQUIRED** **George J. Ganem** 4-10-03 305-797-2010
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)