

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90342 024 ***158.75

DOCUMENT # 509670

1. Entity Name

CHARGER REALTY, INC.

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~
US~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~
US

2. Principal Place of Business

3. Mailing Address

One N. Clematis St.

One N. Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

USA

33401

USA

4. FEI Number

59-1702913

Applied For

Not Applicable

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

KOSOY, BRIAN D

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

Name

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

One North Clematis St.

Suite 305

City

West Palm Beach, FL

Zip Code

33401

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

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. 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 P ☐ Delete
NAME KOSOY, DAVID
STREET ADDRESS ~~200 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BCH. FL~~TITLE ☐ Change ☐ Addition
NAME One North Clematis St. - Ste. 305
STREET ADDRESS West Palm Beach, FL 33401
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: David Kosoy

Signature and typed or printed name of signing officer or director

David Kosoy, 4-1-01 President

Date

561-835-1810

Daytime Phone *