

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90051 036 \*\*\*150.00

**DOCUMENT # 640919**

1. Entity Name  
**CHARMER CORPORATION**

Principal Place of Business  
**10155 COLLINS AVENUE. #1503  
BAL HARBOUR FL 33154**

Mailing Address  
**10155 COLLINS AVENUE. #1503  
BAL HARBOUR FL 33154**

*% C. MERWITZER*

2. Principal Place of Business  
**FLORIDA**

3. Mailing Address

Suite, Apt. #, etc.  
**10155 COLLINS AVE. #1503**

Suite, Apt. #, etc.

City & State  
**BAL HARBOUR**

City & State

Zip  
**33154**

Country  
**USA**

Zip

Country

4. FEI Number **59-1950505**

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

~~KOSS, ABE  
OCEAN BANK BLDG, E340  
782 NW 42 AVE  
MIAMI FL 33126~~

Name **ATTY MURRAY WEIL**

Street Address (P.O. Box Number is Not Acceptable) **8925 COLLINS AVE #7H**

**SURFSIDE, FLA.**

City

**FL**

Zip Code **33154**

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: ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P MERWITZER, HELEN** ☐ Delete  
STREET ADDRESS **10155 COLLINS AVE. #1503**  
CITY-ST-ZIP **BAL HARBOUR ISL. FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S MERWITZER, CHARLES** ☐ Delete  
STREET ADDRESS **10155 COLLINS AVE. #1503**  
CITY-ST-ZIP **BAL HARBOUR ISL. FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **T MERWITZER, ROBERT** ☐ Delete  
STREET ADDRESS **1090 WOODLAND CT.**  
CITY-ST-ZIP **ESTES PARK CO**

TITLE  
NAME **MERWITZER, ROBERT** ☒ Change ☐ Addition  
STREET ADDRESS **7412 E. MONTEARRA WAY**  
CITY-ST-ZIP **SCOTTSDALE, AZ, 85255**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 *Charles S. Merwitzer* **CHARLES S. MERWITZER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/01** **864 3367**  
Date Daytime Phone #

CR2E034 (10/00)