

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/16

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90026 034 \*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-1950505**

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

ATTY. MURRAY WEIL  
 8925 COLLINS AVE. # 7H  
 782 NW 42 AVE  
 SURFSIDE FL 33154

Name **CHARLES MERWITZER**  
 Street Address (P.O. Box Number is Not Applicable)  
**10155 COLLINS AVE #1503**  
 City **BAL HARBOUR** FL **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, 2002 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                        | <input type="checkbox"/> Delete |
| NAME           | MERWITZER, HELEN         |                                 |
| STREET ADDRESS | 10155 COLLINS AVE. #1503 |                                 |
| CITY-ST-ZIP    | BAL HARBOUR ISL FL       |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | MERWITZER, CHARLES       |                                 |
| STREET ADDRESS | 10155 COLLINS AVE. #1503 |                                 |
| CITY-ST-ZIP    | BAL HARBOUR ISL FL       |                                 |
| TITLE          | T                        | <input type="checkbox"/> Delete |
| NAME           | MERWITZER, ROBERT        |                                 |
| STREET ADDRESS | 7412 E. MONTERRA WAY     |                                 |
| CITY-ST-ZIP    | SCOTTSDALE AZ 85255      |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)