

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 014 ***150.00

DOCUMENT # G85642

1. Entity Name

CHARITO'S CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1701 West 62nd. St.

3. Mailing Address

1701 West 62nd. St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, Fl.

City & State

Hialeah, Fl.

4. FEI Number

59-2398045

Applied For

Not Applicable

Zip

33012

Country

Miami-Dade

Zip

33012

Country

Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARTINEZ, ANTONIO FRANCISCO

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

1701 West 62nd. Street

City

Hialeah,

FL

Zip Code 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	STD
NAME	MARTINEZ, ANTONIO F.
STREET ADDRESS	1701 West 62nd. St. Hialeah, FL
CITY - ST - ZIP	33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio F. Martinez
President

03-18-03

305-557-4614

Date

Daytime Phone #

CR2E034B (12/02)