Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Image: Second Status Desired Status Desired Image: Second Status Desired \$8.75 Additional Fee Required Image: DITTMAR, DAVID P. 3250 MARY ST. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) .1 1 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) DMTE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) DMTE 9. This corporation is eligible to satisfy its Infancing Capetable is statement and elects to do so. Image: State Address is Statement of State 10. Election Campeign Financing Capetable is Statement of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Image: State Address of WARY STREET #4000 OTH 57-2P Image: State Address of Change Capetable Image: State Address of Count GROOVE FL Image: State Address of Change Capetable Additor Mark State Address of Change Chaddit	2001 UNIFORM BUS DOCÚMENT # J80573 1. Entity Name CHARI, INC.			FILED May 03, 2001 8:00 an Secretary of State 05-03-2001 90978 007 ***150.00
2. Principal Plance of Busineles 1. Mailing Address Suite, Apt. 4, etc. Do NOT WRITE IN THIS SPACE City & Strate City & State Zip Country State Appl. Address Fill Planched Zip Country State Appl. Fill State Appl. State Desired Zip Country State Appl. Country Scient Cells of State Desired State Appl. Country State Appl. Country State Desired Scient Cells of State Desired State Appl. Country State Desire	250 MARY ST. 00	3250 MARY STREET SUITE 400		
City & State City & State 4. FEI Number 59-2041779 Applied For Mick Applicable Zip Country Zip Country S. Canificate of Status Doesed \$57.75 Additional For Regulated Agent DITTMAR, DAVD P. 23200 MARY ST. STE: 400 COCONUT GROVE FL 33133 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acc	-	3. Mailing Address		
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DITTMAR, DAVID P. 3220 MARY STL STE 400 COCONUT GROVE FL 33133 Stratt Addross (P.O. Box Number is Not Acceptable) 3:100 Addross (P.O. Box Number is Not Acceptable) 1 3 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 Fonda. SIGNATUPE	· · · · · · · · · · · · · · · · · · ·		Country	5. Certificate of Status Desired Fee Required
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STE 400 COCONUT GROVE FL 33133 It 9 City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City FL Zip Code It City TL City City TL City TL City City TL City City TL City TL City City City TL City City City TL City	3250 MARY ST. STE. 400			s (P.O. Box Number is Not Acceptable)
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. SIGNATURE				-1 9
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ULL DITTMAR, DAVID D. 3250 MARY STREET #400 STREET ADDRESS COCONUT GROVE FL TILE TILE ST KREISBERG, STEVEN E Delete STRET ADDRESS STORET ADDRESS COCONUT GROVE FL TILE MARE STRET ADDRESS STRET ADDRESS STORET ADDRESS STRET ADDRESS STORET ADDRESS STRET ADDRESS COCONUT GROVE FL TILE MARE STRET ADDRESS STORET ADDRESS STRET ADDRESS Delete TITE Delete MARE STRET ADDRESS STRET ADDRESS COCONUT GROVE FL STRET ADDRESS COCONUT GROVE FL STRET ADDRESS COCONUT GROVE FL STRET ADDRESS CITY-ST-ZP CITY-ST-ZP Change Addition STRET ADDRESS STRET ADDRESS CITY-ST-ZP STRET ADDRESS CITY-ST-ZP <th>Tax filing requirement and elects to do so. (See criteria on back)</th> <th>After MAY 1, 200 Make Check Payable</th> <th>1 Fee will be \$550.00 e to Department of Si</th> <th>Trust Fund Contribution. L Added to Fees</th>	Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 200 Make Check Payable	1 Fee will be \$550.00 e to Department of Si	Trust Fund Contribution. L Added to Fees
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AME TREET ADDRESS ITY-ST-ZIP NAME STREET ADDRESS ITY-ST-ZIP 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 accurrete 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 truste o end accurrete 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 truste o end accurrete and that my signature ball have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truste o end accurrete and that my signature ball have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truste o end accurrete and that my signature accurrete accurrete by Chapter 607. Florida Statutes: and that my name appears in Block 11 or Block 12 if	AME TREET ADDRESS	Delete	NAME STREET ADDRESS	Change 🗍 Addition
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 empewered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if	AME TREET ADDRESS ITY-ST-ZIP		NAME STREET ADDRESS CITY - ST - ZIP	
SIGNATURE: AND TYPED OR ADINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date	indicated on this report or supplemental report is of the corporation or the receiver or trustee end	s true and accurate and that my evered to execute this report a	/ signature shall have the	e same legal effect as if made under oath; that I am an officer or director