

FILED
Aug 11, 2003 8:00 am
Secretary of State

07-28-2003 90066 036 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001102

1. Entity Name

CAMP CHARTERS, LLC



Principal Place of Business

C/O KAY STATZ
3620 NE 2 AVENUE
MIAMI FL 33137

Mailing Address

C/O KAY STATZ
3620 NE 2 AVENUE
MIAMI FL 33137

55053783



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

010576852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATZ, KAY
C/O KAY STATZ
3620 NE 2 AVENUE
MIAMI FL 33137

Name

Street Address (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 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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MANAGER
NAME: Kay H. Statz
STREET ADDRESS: 435 E. Riva Alta Dr.
CITY-ST-ZIP: MIAMI BEACH, FL 33139

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 30, 2003

CAMP CHARTERS, LLC
C/O KAY STATZ
3620 NE 2 AVENUE
MIAMI, FL 33137

Subject: ~~CAMP CHARTERS, LLC~~

Reference Number: L02000001102

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION

Attachment

55053783

#L02000001102

if you need more
information, please
call 866-210-3693

THANKS

LOL M. Shk
J. J.