

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M62379

1. Entity Name

CHARM INTERNATIONAL, INC.

Principal Place of Business

1055 SE 9TH TERR
HIALEAH FL 33010
US

Mailing Address

1055 SE 9TH TERR
HIALEAH FL 33010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0013962

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JESUS
4241 S.W. 149TH COURT
MIAMI FL 33185

7. Name and Address of New Registered Agent

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.

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

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	FITZGERALD, WALTER	
STREET ADDRESS	4241 S.W. 149 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	T	<input type="checkbox"/> Delete
NAME	FITZGERALD, WALTER	
STREET ADDRESS	4241 S.W. 149TH COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JESUS	
STREET ADDRESS	4241 SW 149TH CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Ileana Gutierrez	
STREET ADDRESS	4241 S.W. 149 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILEANA GUTIERREZ	
STREET ADDRESS	4241 S.W. 149 CT	
CITY-ST-ZIP	MIAMI, FL 33185	
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 #

Jesus Gutierrez President 1/17/01 305

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90095 038 ***158.75

00008363



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)