

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90028 014 ***158.75

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

3500 NW 77th Ct.

3. Mailing Address

3500 NW 77th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

FL

Zip

33122

Country

USA

Zip

33122

Country

USA

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, 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

TITLE **V** ☐ Delete
 NAME **FITZGERALD, WALTER**
 STREET ADDRESS **4241 S.W. 149 CT**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **T** ☐ Delete
 NAME **FITZGERALD, WALTER**
 STREET ADDRESS **4241 S.W. 149TH COURT**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **P** ☐ Delete
 NAME **GUTIERREZ, JESUS**
 STREET ADDRESS **4241 SW 149TH CT**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **S** ☐ Delete
 NAME **GUTIERREZ, ILEANA**
 STREET ADDRESS **4241 S.W. 144 CT.**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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TITLE ☐ Change ☐ 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 #

2/19/02

CR2E034 (9/01)