## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # M95258** Mar 31, 2000 8:00 am **Secretary of State** CHARADE PROPERTIES, INC. 03-31-2000 90047 033 \*\*\*150.00 Principal Place of Business Mailing Address 5201 BLUE LAGOON DR 5201 BLUE LAGOON DR 650 MIAMI FL 33126 MIAMI FL 33126-2075 HS US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 98-0064289 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ---ARAZOZA, CARLOS F. Street Address (P.O. Box Number is Not Acceptable) 101 MADEIRA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITI F NAME NAME CELA. JORGE CUSCO STREET ADDRESS 5201 BLUE LAGOON DR, STE 650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition TITLE ☐ Delete TITLE Change DVP NAME NAME CELA, RICARDO CUSCO STREET ADDRESS STREET ADDRESS 5201 BLUE LAGOON DR. STE 650 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Change Addition TITLE TITLE ☐ Delete NAME CELA, EDUARDO CUSCO NAME STREET ADDRESS STREET ADDRESS 5201 BLUE LAGOON DR. STE 650 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33126 Change ☐ Addition ☐ Delete TITI F TITLE NAME CELA, ENRIQUE CUSCO NAME STREET ADDRESS STREET ADDRESS 5201 BLUE LAGOON DR. STE 650 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Change ■ Addition TITLE ☐ Delete TITLE NAME'+ 'f\*: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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 rustee 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 appears, with all other like empowered.