

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2002 90781 011 ***150.00

DOCUMENT # M95258

1. Entity Name

CHARADE PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33126

Country

US

3. Mailing Address

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33126

Country

US

4. FEI Number

98-0064289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARAZOZA, CARLOS

Street Address (P.O. Box Number is Not Acceptable)

2100 Salzedo Street, Suite 300

City

Miami

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

T
NAME
CELA, JORGE CUSCO
STREET ADDRESS
5201 Blue Lagoon Dr, Ste. 200
CITY-ST-ZIP
Miami, FL 33126

DVP
NAME
CELA, RICARDO CUSCO
STREET ADDRESS
5201 Blue Lagoon Dr., Ste 200
CITY-ST-ZIP
Miami, FL 33126

DS
NAME
CELA, EDUARDO CUSCO
STREET ADDRESS
5201 Blue Lagoon Dr, Ste. 200
CITY-ST-ZIP
Miami, FL 33126

P
NAME
CELA, ENRIQUE CUSCO
STREET ADDRESS
5201 Blue Lagoon Dr. Ste. 200
CITY-ST-ZIP
Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

04/15/02 (305) 527-9315

CR2E034B (12/01)