

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90022 020 ***150.00

01599895 AV

DOCUMENT # P00000013528

1. Entity Name
KAREN SKORNIA CHARNECO, P.A.

Principal Place of Business
**12917 N.W. 22ND MANOR
 PEMBROKE PINES FL 33027**

Mailing Address
**12917 N.W. 22ND MANOR
 PEMBROKE PINES FL 33027**

B0090931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same

3. Mailing Address
Same

City & State
Same only zip is corrected
 Zip **33028** Country

City & State
Same only zip is corrected
 Zip **33028** Country

4. FEI Number **65-0991344**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**COHEN, STUART A
 3 S.W. 129TH AVE., STE. 208
 PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent
 Name **Karen Skornia Charneco PA.**
 Street Address (P.O. Box Number is Not Acceptable)
12917 NW 22 Manor
 City **PEMBROKE PINES** **FL** Zip Code **33028**

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 NAME STREET ADDRESS CITY-ST-ZIP	P CHAMECO, KAREN S 12417 NW 22 MANOR PEMBROKE PINES FL 33028 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARNECO, KAREN S 12917 NW 22 MANOR PEMBROKE PINES FL 33028 ☒ Change ☐ Addition Corrected Spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 the rights empowered.

SIGNATURE: Karen Skornia Charneco PA. 4/6/02 954 214-0549 Cell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)