

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90011 037 \*\*\*550.00

AV 90098000

**DOCUMENT # P00000021207**

1. Entity Name  
**CHARLIE'S HANGER, INC.**

Principal Place of Business

**KTG & S REGISTERED AGENT CORPORATION**  
**100 S.E. 2ND ST., 28TH FLOOR**  
**MIAMI FL 33131**

Mailing Address

**KTG & S REGISTERED AGENT CORPORATION**  
**100 S.E. 2ND ST., 28TH FLOOR**  
**MIAMI FL 33131**

2. Principal Place of Business

**471 SW 8ST**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 19-1511**

Suite, Apt. #, etc.

City & State

**Miami**

City & State

**Miami Bch, FL**

Zip

**33130**

Country

**USA**

Zip

**33119**

Country

**USA**

4. FEI Number

**865-1042902**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KTG & S REGISTERED AGENT CORPORATION**  
**100 S.E. 2ND ST.**  
**28TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Jose Fernandez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**471 SW 8ST**  
**Miami**  
 City **FL** Zip Code **33119**

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

*Jose Fernandez*  
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**7-30-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 <b>Pres</b>	<input type="checkbox"/> Delete
NAME <b>Jose Fernandez</b>	
STREET ADDRESS <b>471 SW 8ST</b>	
CITY-ST-ZIP <b>Miami FL 33130</b>	
TITLE <b>Soc</b>	<input type="checkbox"/> Delete
NAME <b>Jose Fernandez</b>	
STREET ADDRESS <b>471 SW 8ST</b>	
CITY-ST-ZIP <b>Miami FL 33130</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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
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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:

*Jose Fernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-30-01**

Date

Daytime Phone #

CR2E034 (5/01)