

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084187

1. Entity Name

FIGHTING LADY CHARTERS, INC.

Principal Place of Business

999 PONCE DE LEON BLVD. #1000
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD. #1000
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARLOS, PETER T
999 PONCE DE LEON BOULEVARD
SUITE 1000
CORAL GABLES FL 33134

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)

9/20/01
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 \$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 ☐ Delete
NAME D
STREET ADDRESS CARLOS, PETER T
CITY-ST-ZIP 999 PONCE DE LEON BLVD. #1000
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/01
Date

786 553 1311
Daytime Phone #

FILED

01 OCT -5 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/18/01 - 9/15/01 - 1022 - \$150.00
65-1036695
4. FEI Number Applied For
Not Applicable

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

CR2E034 (5/01)

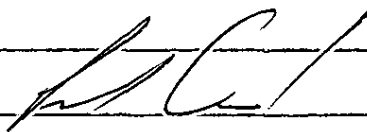
20/2

RE: P00000084187 9/20/01
FIGHTING CODY CHARTERS INC.

PLEASE BE ADVISED THAT WE HAVE
NEVER RECEIVED A CORRECTION LETTER.

ENCLOSED YOU WILL FIND BEIN #
WHICH WAS APPLIED FOR AT THE TIME
OF LAST BILLING PLEASE CORRECT UBR
& ALSO NOTE CHECK # 1075 (May 00)
FOR \$150.00 FOR BILLING SEE

THANK YOU



786 553 1311

PETER CARLOS