

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 PM 4:02

DOCUMENT # ~~00000000~~ 891581. Entry Name
Charlie Deaux Inc.

(UP)

Principal Place of Business
C/O Michael Jaffer
1601 N. Palm Ave 309C
Pembroke Pines, FL 33026
Mailing Address
C/O Michael Jaffer
1601 N. Palm Ave 309C
Pembroke Pines, FL 330262. Principal Place of Business
1601 N. Palm Ave
Suite, Apt. #, etc. 309C
3. Mailing Address
1601 N. Palm Ave
Suite, Apt. #, etc. 309CCity & State
Pembroke Pines FL
Zip 33026
County WDA
City & State
Pembroke Pines FL
Zip 33026
County WDA4. FEI Number 59-3671565
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Name and Address of Current Registered Agent
Michael S. Jaffer CPA
1601 N. Palm Ave 309C
Pembroke Pines, FL 330267. Name and Address of New Registered Agent
Name Michael Jaffer
Street Address (P.O. Box Number is Not Acceptable)
1601 N. Palm Ave 309C
City Pembroke Pines FL Zip Code 33026

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]*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

7/19/01

9. This corporation is eligible to satisfy its intangible
- Tax filing requirement and elects to do so.
(See criteria on back) ☐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
Charles Deaux
C/O Michael S. Jaffer
1601 N. Palm Ave 309C
Pembroke Pines, FL 33026
Delete ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
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
Charles Deaux
C/O Michael Jaffer
1601 N. Palm Ave 309C
Pembroke Pines, FL 33026
Change ☐ Add ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Change ☐ Add ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Add ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Add ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Add ☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption under 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 007, 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]*

Signature and typed or printed name of signing officer or director.

6/25/2001

Date

Daytime Phone #

CR20234 (11/00)

PLEASE SIGN,
DATE & MAIL

BUSINESS CONSULTING & ENHANCEMENT SERVICES

Michael S. Jaffee, CPA, P.A.

Certified Public Accountant

June 1, 2001

Attachment
DIE P00000089158

76387

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Charlie Dcaux, Inc.
EIN: 59-3671565
Doc#: P00000089158

Dear Sir:

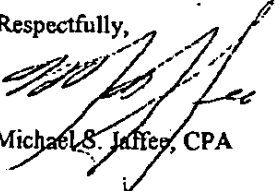
Please find enclosed the Uniform Business Report (UBR) for the above referenced corporation. The corporation never received the renewal form (I review all of my client's records and determined it had not been paid).

Per my conversation with the State, I downloaded the document and we are forwarding the enclosed fee in the amount of \$ 150.

As you can see, we are making changes to the address of record as the prior address caused too much difficulty (it was never received).

Thank you.

Respectfully,


Michael S. Jaffee, CPA