

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90151 001 \*\*\*400.00  
 07-24-2002 90151 002 \*\*\*150.00

**DOCUMENT # P01000055103**

1. Entity Name  
**NATURAL CHARTERS, INC**

Principal Place of Business  
**18867 SW 85TH CT., UNIT 17**  
**MIAMI FL 33157**

Mailing Address  
**18867 SW 85TH CT., UNIT 17**  
**MIAMI FL 33157**

**40501**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13060 LERIDA ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13060 LERIDA ST**  
 Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

4. FEI Number  
**52-2321090**

Applied For  
 Not Applicable

Zip  
**33156**

Country  
**USA**

Zip  
**33156**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALEEL LORI**  
**10655 SW 113 PL, APT. B**  
**MIAMI FL 33178**

Name  
**MICHAEL HARRIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13060 LERIDA ST**

City  
**CORAL GABLES, FL** Zip Code  
**33156**

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 *Michael E. Harris* **MICHAEL E. HARRIS SECRETARY**

**6/24/02**  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LORI KALEEL</b> <b>13060 LERIDA ST</b> <b>CORAL GABLES, FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MICHAEL E. HARRIS</b> <b>13060 LERIDA ST</b> <b>CORAL GABLES, FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE:

*Michael E. Harris* **MICHAEL E. HARRIS**

**6/24/02**

**305 2841119**  
 Daytime Phone #

CR2E034 (9/01)