

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P02000036845**

1. Entity Name

Options Charters, Inc.



03 DEC -5 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business

2229 S. Juniper Street

Suite, Apt. #, etc.

3. Mailing Address

2229 S. Juniper Street

Suite, Apt. #, etc.

City & State

Philadelphia, PA

Zip

19148

Country

USA

City & State

Philadelphia, PA

Zip

19148

Country

USA

4. FEI Number

47-0870153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Melchiorre

Street Address (P.O. Box Number is Not Acceptable)

Box C-320 Bahia Mar

City

Fort Lauderdale

FL

Zip Code

3336

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Paul L. Melchiorre
2229 S. Juniper Street
Philadelphia, PA 19148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Greg Pedano
300 N. Huntington Avenue
Margate, NJ 08402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**OPTIONS CHARTERS, INC.
2229 SOUTH JUNIPER STREET
PHILADELPHIA, PA 19148-2924**

October 31, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

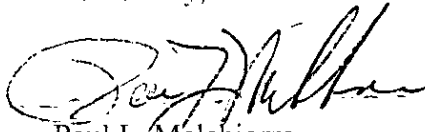
Dear Sir or Madam:

Please be advised that we did not receive the original Uniform Business Report and therefore request waiver of the late fees. Enclosed a copy of the report that we retrieved via the Internet and a check in the amount of \$150.00 for payment of the original filing fee.

To prevent this from happening in the future, please send all future forms directly to my accountant at Peter J. Cordua, P.C. 3747 Church Road Suite 100 Mount Laurel, NJ 08054-1151.

Thank you for your attention to this matter. Please contact our accountant if you require additional information.

Yours truly,



Paul L. Melchiorre
Director