

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90137 041 \*\*\*150.00

0259081  
 AV

**DOCUMENT # P94000004623**

**1. Entity Name**  
**CHARLOTTE MANDELL A.P., INC.**

**Principal Place of Business**  
**6350 SUNSET DRIVE**  
**MIAMI FL 33143**

**Mailing Address**  
**6745 SW 139TH ST**  
**MIAMI FL 33158**

*Correct ^*

*Correct*

**2. Principal Place of Business**

*Same as above*  
**6350 Sunset Dr**

**3. Mailing Address**

*Correct*  
**6745 S.W. 139th St**

**Suite, Apt. #, etc.**

**3rd floor**

**Suite, Apt. #, etc.**

**City & State**

**miami, FL**

**City & State**

**miami FL**

**Zip**

**33143**

**Country**

**USA**

**Zip**

**33158**

**Country**

**USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0463573**

**Applied For**

**Not Applicable**

**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**

**FILINGS INC**

**3732 NW 16TH ST**

**FT LAUDERDALE FL 33311**

**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)

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**

**D**  
**MANDELL, CHARLOTTE**  
**6745 SW 139TH ST**  
**MIAMI FL 33158**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 22/02* *305-235-6069*

Date

Daytime Phone #

CR2E034 (9/01)