

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000021223

1. Corporation Name

PARBO 1807, INC.

Principal Place of Business

% TUMPSON & CHARCHAT, P.A.  
848 BRICKELL AVE., SUITE 400  
MIAMI FL 33131

Mailing Address

% TUMPSON & CHARCHAT, P.A.  
848 BRICKELL AVE., SUITE 400  
MIAMI FL 33131

2. Principal Place of Business

21 Steven M. Charchat, P.A.  
Suite, Apt. #, etc.

22 848 Brickell Ave. Suite 400

23 Miami Florida

24 33131 25 US

2a. Mailing Address

26 Steven M. Charchat, P.A.  
Suite, Apt. #, etc.

27 848 Brickell Ave. Suite 400

28 Miami Florida

29 33131 30 US

9. Name and Address of Current Registered Agent

CHARCHAT, STEVEN M  
TUMPSON & CHARCHAT, P.A.  
848 BRICKELL AVE., SUITE 400  
MIAMI FL 33131

3. Date Incorporated or Qualified

03/15/1995

4. FEI Number

65-0578848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Steven M. Charchat, Esq.

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

848 Brickell Avenue

83 Suite 400

84 City Miami

FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME MARMOL, MILDRED  
STREET ADDRESS % 848 BRICKELL AVE., SUITE 400  
CITY-ST-ZIP MIAMI FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mildred Marmol  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Date

Cl 305.358-8005

Daytime Phone #

CR27034 (11/98)

0190394

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90013 009 \*\*\*150.00



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