

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023491

1. Entity Name

REVENGE CHARTERS, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90183 045 ***150.00

601656



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ELLIOTT HARRIS
S.W. THIRD STREET
FL 33130

THE MCCORMICK BUILDING
111 S.W. THIRD STREET SIXTH FLOOR
MIAMI FL 33130-1926
US

2. Principal Place of Business

10800 Collins Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 546976
Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Swifside, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. FEI Number

65-0569541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
THE MCCORMICK BUILDING
111 S.W. THIRD STREET SIXTH FLOOR
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

HAROLD HIRSCH

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

10,000 West Bay Harbor Drive

City

Bay Harbor Islands

FL

Zip Code

33154

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

Harold Hirsch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HIRSCH, HAROLD
STREET ADDRESS 111 S.W. 3RD ST. SIXTH FLOOR
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE AS
NAME HARRIS, ELLIOTT
STREET ADDRESS 111 S.W. 3RD ST. SIXTH FLOOR
CITY-ST-ZIP MIAMI FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

1/15/00

Daytime Phone #

305-864-5881

CR2E034 (9/99)