

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 # P95000061245

1. Corporation Name

PARBO 1819, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Clo Steven M. Charchat, P.A.
Suite, Apt. #, etc.
22 848 Brickell Ave. Suite 400

23 City & State
Miami Florida

24 Zip 33131 Country US

2a. Mailing Address

26 Clo Steven M. Charchat, P.A.
Suite, Apt. #, etc.
27 848 Brickell Ave. Suite 400

28 City & State
Miami Florida

29 Zip 33131 Country US

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/08/1995

4. FEI Number

65-0604491

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 Ave.

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

TITLE D ☐ DELETE

NAME MARMOL, MILDRED
STREET ADDRESS % 848 BRICKELL AVENUE, 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

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

Clo 305358-8005

Daytime Phone #

0190133

CR2E034 (11/98)

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

04-12-1999 90014 016 ***150.00

