

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90039 036 ***150.00

DOCUMENT # P95000085948

1. Corporation Name
PARBO 1803, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1995

4. FEI Number

65-0624324

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

2. Principal Place of Business

21 10 Steven M Charchat, P.A.
Suite, Apt. #, etc.
22 848 Brickell Ave., Suite 400
City & State

2a. Mailing Address

26 10 Steven M Charchat, P.A.
Suite, Apt. #, etc.
27 848 Brickell Ave., Suite 400
City & State

23 Miami Florida

28 Miami Florida

24 33131 25 US

29 33131 30 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

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

TITLE D ☐ DELETE
NAME MARMOL, MILDRED
STREET ADDRESS % 848 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

40305358-8005

Daytime Phone #

CR2E034 (11/98)

0190249