

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90212 020 \*\*\*150.00

**DOCUMENT # P96000060101**

1. Entity Name  
**CHARADE PROPERTIES II, INC.**

Principal Place of Business

**9990 S.W. 77 AVENUE  
SUITE 315  
MIAMI FL 33156-2699  
US**

Mailing Address

**9990 S.W. 77 AVENUE  
SUITE 315  
MIAMI FL 33156-2699  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0691969**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARAZOZA COMAS DE TORRES FERNANDEZ-FRAGA PA  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CUSCO, EDUARDO</b>	
STREET ADDRESS	<b>9390 NW 109TH ST</b>	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> Delete
NAME	<b>SOTOLONGO, RAUL</b>	
STREET ADDRESS	<b>9390 NW 109TH ST</b>	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, RAUL</b>	
STREET ADDRESS	<b>9390 NW 109TH ST</b>	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERMIDA, CARLOS</b>	
STREET ADDRESS	<b>9390 NW 109TH ST</b>	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Daytime Phone #

**04/15/02 (305) 527-9395**

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CR2E034 (9/01)