

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90127 047 ***150.00

DOCUMENT #

P97000002459

1. Entity Name

CHARLOTTE CHEVANNES & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

978554

2. Principal Place of Business

5440 JOHNSON STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

4. FEI Number

65-0729752

Applied For

Not Applicable

Zip

33021

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLOTTE CHEVANNES

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

5440 JOHNSON STREET

City

HOLLYWOOD,

FL

Zip Code

33021

**DO NOT WRITE
IN THIS SPACE**

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

Charlotte Chevannes

CHARLOTTE CHEVANNES

8/31/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / DIRECTOR
CHARLOTTE CHEVANNES
5440 JOHNSON STREET
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte Chevannes, Pres.

Date

8/31/02 (954) 985-2354

Daytime Phone #

CR2E034B (12/01)

Attachment
Doc. # P97000002459
978554

AUGUST 31, 2002

CHARLOTTE CHEVANNES & ASSOC, INC..
5440 JOHNSON STREET
HOLLYWOOD, FL 33021
65-07297562

STATE OF FLORIDA
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE 2002 ANNUAL REPORT FOR OUR
COMPANY AND THE \$150,00 PAYMENT THAT IS DUE.

THE REASON THIS FORM WAS NOT FILED PRIOR TO
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID "IF WE NEVER
RECEIVED THE RENEWAL YOU WOULD ALLOW THE FORM TO BE
FILED AT THIS TIME". THANK YOU VERY MUCH.

VERY TRULY YOURS,
CHARLOTTE CHEVANNES AND ASSOC, INC.



CHARLOTTE CHEVANNES, PRESIDENT