2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018792 1. Entity Name Charles Inc. MINORITY: AT WORK, INC.					Jan 12, 2000 8:00 am Secretary of State 01-12-2000 90019 021 ***158.75			
Principal Place of Business		Mailing Address						
9761 MAJESTIC WAY BOYNTON BCH FL 33437		9761 MAJESTIC WAY BOYNTON BCH FL 33437-3326			ր <u></u> ոցո ղ ը 2 ը			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4.	FEI Number 65-0818555	\$	pplied For ot ≜բլ	
Zip '	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regis	·		
	.		Name		·			
	FILLO, LUCY N MAJESTIC WAY	Street Address		ddress (P.O.	Box Number is Not Acceptable)			
	NTON BCH FL 33437							
	•		City			FL Zip Coo	je	
8. The above	named entity submits this statement for	ar the purpose of changing its re	gistered office or	registered a	gent, or both, in the State of Florida.	<u>- </u>		
SIGNATURE _	Kury N. C. Signature, typed of printed name of registered agent	astello and title if applicable. (NOTE: R	egistered Agent signatu	re required when	reinstating)	DATE DATE		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	/ After MAY 1, 2000		50.00	10. Election Campaign Financia Trust Fund Contribution.	~ _ ++	OO May Be d to Fees	
11.	OFFICERS AND		12.		DDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	IS IN 11	
TITLE STATES NAME STREET ADDRESS CITY-ST-ZIP	CASTILLO, LUCY N 11862 N.W. 13TH STREET PEMBROKE PINES FL 33026	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	D CASTI GOUA	1/0 LUCY N. MAJESTIC WAY STON BEACH, Fl.		L: ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CASTILLO, DORIS M (30 9761 MAJESTIC WAY BOYNTON BCH FL 33437	R/S) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POT BOR 9761 BOUN	IS M. CASTIL MAJESTIC WA UTON BEACH,	/o @ change	□····································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete-	—TITLE NAME STREET ADDRESS CITY-ST-ZIP	- /:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	^	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	<u> </u>	
indicated of the cor	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that my owered to execute this report as	signature shall ha	ave the same	e legal effect as if made under oath:	that I am an officei	r or airector	

aslello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED