

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

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

06-12-2002 90238 026 \*\*\*150.00

DOCUMENT # **P 98000068311**

1. Entity Name

**CHAMAREL, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**10499 STONEBRIDGE BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**10499 STONEBRIDGE BLVD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**

Zip  
**33498**

Country  
**USA**

City & State  
**BOCA RATON FL**

Zip  
**33498**

Country  
**USA**

4. FEI Number

**65-0857120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**NOOR ZAKARIA**

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

**10499 STONEBRIDGE BLVD**

City

**BOCA RATON**

FL

Zip Code

**33498**

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)



**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	<b>PD NOOR ZAKARIA 10499 STONEBRIDGE BLVD BOCA RATON, FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SHEHNAZ ZAKARIA 10499 STONEBRIDGE BLVD BOCA RATON, FL 33498</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

**6.5.02**

**954-452 8813**

CR2E034B (12/01)

Attachment



86 8825

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 24, 2002

CHAMAREL, INC.  
10499 STONEBRIDGE BLVD  
BOCA RATON, FL 33498

SUBJECT: CHAMAREL, INC.  
Ref. Number: P98000068311

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams  
Document Specialist

Letter Number: 002A00033759