## 2000 UNIFORM BUSINESS REPORT (UBR)

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## DOCUMENT # **P99000055940** Feb 17, 2000 8:00 am 1. Entity Name Secretary of State CHARAL ENTERPRISES, P.A. 02-17-2000 90069 039 \*\*\*150.00 Principal Place of Business Mailing Address 2910 W. LAKE MARY BLVD., STE. 101 2910 W. LAKE MARY BLVD., STE. 101 LAKE MARY FL 32746-3498 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANCHEZ-TORRES, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 2910 W. LAKE MARY BLVD., STE. 101 LAKE MARY FL 32746 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. - PARTIODAS DIRE CTUR: Change ☐ Addition TITLE TITLE ☐ Delete SAnchez-TORRES AL BERTO SANCHEZ-TORRES, ALBERTO NAME NAME 2910 W. LAKE MARY BLVD. STE. 101 STREET ADDRESS STREET ADDRESS 2910 W. LAKE MARY BLVD., STE. 101 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Addition ☐ Delete TITLE CHARMAINE D. ORTIY ORTIZ CHARMAINE I. NAME NAME W. JAKE BIVD. SPS. 101 STREET ADDRESS 2910 W. LAKE MARY BLVD., STE. 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ~ 🔲 Delete ☐ Addition TITLE ' TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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