

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076755

1. Entity Name

CHARTERLINES, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90021 022 \*\*\*150.00

Principal Place of Business

2700 N.W. 112TH AVE.  
MIAMI FL 33172

Mailing Address

2700 N.W. 112TH AVE.  
MIAMI FL 33172-1805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDE, RAUL R  
2700 N.W. 112TH AVE.  
MIAMI FL 33172

Name

SHEILA K. DUDE

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

9380 SW 62 ST

City

MIAMI

FL

Zip Code

33173

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

*Sheila Dude*

(NOTE: Registered Agent signature required when reinstating)

1/10/2000

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, 2000 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
WERTHEIM, REUVEN  
2700 N.W. 112TH AVE.  
MIAMI FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
DUDE, RAUL R  
2700 N.W. 112TH AVE.  
MIAMI FL 33172

TITLE ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
DUDE, SHEILA K.  
9380 SW 62 ST  
MIAMI, FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Sheila Dude*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 305-549-0738

Date

Daytime Phone #

CR2E034 (9/99)