

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076755

1. Entity Name
CHARTERLINES, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90094 049 ***158.75

Principal Place of Business
2700 N.W. 112TH AVE.
MIAMI FL 33172

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

C0005002

2. Principal Place of Business
9380 SW 62 ST
Suite, Apt. #, etc.
City & State
MIAMI, FL.
Zip
33173
Country
DADE

3. Mailing Address
MIAMI INTERNATIONAL AIRPORT
P.O. BOX 996848
City & State
MIAMI, FL
Zip
33299-6548
Country
DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0974323
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired
X
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUDE, SHEILA K
9380 SW 62ND ST
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name
DUDE, SHEILA K
Street Address (P.O. Box Number is Not Acceptable)
9380 SW 62 ST
City
MIAMI, FL.
FL
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*
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WERTHEIM, REUVEN 2700 N.W. 112TH AVE. MIAMI FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DUDE, SHEILA K 9380 SW 62 ST MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSTV DUDE SHEILA K, 9380 SW 62 ST MIAMI, FL. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* SHEILA K. DUDE 1/09/2001 265-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)