

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90926 047 \*\*\*150.00

758003



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S35350**

1. Entity Name  
**CHARTERING CORPORATION OF AMERICA, INC.**

Principal Place of Business

**3301 S.E. 14TH AVENUE  
 FT. LAUDERDALE FL 33316**

Mailing Address

**P.O. BOX 13105  
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

**3505 NE 19TH STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FLORIDA**

City & State

4. FEI Number **59-3061604**

Applied For  
☒ Not Applicable

Zip  
**33316**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALDONADO, AUGUSTO  
 1330 N.W. 13TH AVENUE  
 #14  
 BOCA RATON FL 33486**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5710 BAYVIEW DRIVE**

City **FT. LAUDERDALE, FL** Zip Code **33308**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MALDONADO, AUGUSTO 1330 N.W. 13TH STREET, #14 BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MALDONADO, VALERIE 1330 N.W. 13TH STREET, #14 BOCA RATON FL 33486</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RODRIGUEZ, BETSY 13100 SW 82ND STREET MIAMI FL 33183</b>	<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	<b>PRESIDENT AUGUSTO MALDONADO 5710 BAYVIEW DRIVE FT. LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT VALERIE MALDONADO 5710 BAYVIEW DRIVE FT. LAUDERDALE, FL 33308</b>	<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
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: *Valerie Maldonado*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 954-527-0034  
 Date Daytime Phone #

CR2E034 (10/00)