

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90049 032 \*\*\*\*61.25

<b>DOCUMENT # 734914</b>			
1. Entity Name <b>THE CHARTER CLUB, INC.</b>			
Principal Place of Business <b>600 NORTHEAST 36TH STREET MIAMI FL 33137</b>		Mailing Address <b>600 NORTHEAST 36TH STREET MIAMI FL 33137</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1681500</b>			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>VIAMONTE, MANUEL B THE CHARTER CLUB, INC. 600 NE 36TH ST. HIALEAH FL 33012</b>		7. Name and Address of New Registered Agent Name <b>Nanette Gomez</b> Street Address (P.O. Box Number is Npt Acceptable) <b>600 NE 36 Street, Apt # 2122</b> City <b>Miami</b> FL Zip Code <b>33137</b>	
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 <i>Nanette Gomez</i> Signature, typed or printed name of registered agent, if applicable		Nanette Gomez, Secretary (NOT E: Registered Agent signature required when reinstating) DATE <b>4/27/01</b>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ-TRUJILLO, ESTHER</b> <b>600 NE 36TH ST. #319</b> <b>MIAMI FL 33137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DELGADO, MERCY</b> <b>600 NE 36TH ST. #1718</b> <b>MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nanette Gomez</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S - D</b> <b>600 NE 36th Street # 2122</b> <b>Miami, FL 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>CERVERA, CECILIA</b> <b>600 NE 36TH ST. #704</b> <b>MIAMI FL 33137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Juan Marroquin</b> <b>600 NE 36th Street</b> <b>Miami, FL 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BUDHRANI, SANDY</b> <b>600 NE 36TH ST. #419</b> <b>MIAMI FL 33137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jose Maria Ferrero</b> <b>600 NE 36th Street, #1712</b> <b>Miami, FL 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>HASBUN, ALLEN</b> <b>6000 BISCAYNE BLVD</b> <b>MIAMI FL 33137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>DIAZ-GRANIADOS, MARY T</b> <b>600 NE 36TH ST. #PH25</b> <b>MIAMI FL 33137</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: <i>Mary T. Diaz-Graniados</i> SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date <b>04, 27, 01</b> Daytime Phone #	

CR2E037 (10/00)