

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90038 026 \*\*\*\*61.25

**DOCUMENT #** 734914

**1. Entity Name**  
THE CHARTER CLUB, INC.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
600 NE 36th STREET  
Suite, Apt. #, etc.

**3. Mailing Address**  
600 NE 36th STREET  
Suite, Apt. #, etc.

**54009625**

DO NOT WRITE IN THIS SPACE

**City & State**  
MIAMI, FL

**City & State**  
MIAMI, FL

**Zip**  
33137

**Country**

**4. FEI Number** 59-1681500

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
BECKER POLIAKOFF PA C/O ROSA M. DE LA CAMARA ESQ.

**Street Address (P.O. Box Number is Not Acceptable)**  
5201 BLUE LAGOON DRIVE

**SUITE 100**

**City**  
MIAMI

**FL**

**Zip Code**  
33126

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE:** *Rosa M. de la Camara for Becker & Poliakoff, P.A.* **1/26/04**

(NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing**  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PKO	<b>NAME</b> SOTO, MARY-JANE W.	<b>STREET ADDRESS</b> 600 NE 36th STREET, UNIT 1106	<b>CITY-ST-ZIP</b> MIAMI, FL 33137
<b>TITLE</b> VP/D	<b>NAME</b> ROTH, DARLENE	<b>STREET ADDRESS</b> 600 NE 36th STREET, UNIT 1222	<b>CITY-ST-ZIP</b> MIAMI, FL 33137
<b>TITLE</b> S/D	<b>NAME</b> SONDERLING, ROY	<b>STREET ADDRESS</b> 600 NE 36th STREET, PH-16	<b>CITY-ST-ZIP</b> MIAMI, FL 33137
<b>TITLE</b> T/D	<b>NAME</b> STEGONSHEK, JASON	<b>STREET ADDRESS</b> 600 NE 36th STREET, UNIT 408	<b>CITY-ST-ZIP</b> MIAMI, FL 33137
<b>TITLE</b> D	<b>NAME</b> GOMEZ, NANETTE	<b>STREET ADDRESS</b> 600 NE 36th STREET, UNIT T-22	<b>CITY-ST-ZIP</b> MIAMI, FL 33137
<b>TITLE</b> D	<b>NAME</b> LOMBARDI, CAROLINA	<b>STREET ADDRESS</b> 600 NE 36th STREET, UNIT 404	<b>CITY-ST-ZIP</b> MIAMI, FL 33137

**DO NOT WRITE IN THIS SPACE**

CR2E037B (12/02)

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Roy Sonderling* **Secretary** **2/10/04** **305-576-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #