

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90008 050 ***158.75

DOCUMENT # P96000101172

1. Entity Name
CENTURY ENTERPRISES GROUP, INC.

Principal Place of Business: **901 S.W. 69TH AVENUE MIAMI FL 33144**
 Mailing Address: **901 S.W. 69TH AVENUE MIAMI FL 33144-4730**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **7270 NW 12 Street**
 Suite, Apt. #, etc.: **Suite 410**
 City & State: **Miami, FL**
 Zip: **33126** Country: **USA**

3. Mailing Address: **7270 NW 12 Street**
 Suite, Apt. #, etc.: **Suite 410**
 City & State: **Miami, FL**
 Zip: **33126** Country: **USA**

4. FEI Number: **65-0720680** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name: **Keyla Alba-Reilly**
 Street Address (P.O. Box Number is Not Acceptable): **7270 NW 12 Street, Suite 410**
 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.

SIGNATURE: *Keyla Alba-Reilly* (NOTE: Registered Agent signature required when reinstating) DATE: **2/28/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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:

TITLE	D	<input type="checkbox"/> Delete
NAME	PINO, SERGIO	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, GABRIEL M	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RASCO, RAMON E	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZO, HUMBERTO	
STREET ADDRESS	901 SW 69 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZO, HUMBERTO	
STREET ADDRESS	901 SW 69 AVE	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pino, Sergio	
STREET ADDRESS	7270 NW 12 St. Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bustamante, Gabriel	
STREET ADDRESS	7270 NW 12 St., Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia Carlos	
STREET ADDRESS	7270 NW 12 St, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guerra, Armando	
STREET ADDRESS	7270 NW 12 St, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorenzo, Humberto	
STREET ADDRESS	7270 NW 12 St, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cancela, Jose	
STREET ADDRESS	7270 NW 12 St. Suite 410	
CITY-ST-ZIP	Miami, FL 33126	

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: *[Signature]* DATE: **2/28/00** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)