

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90035 022 ***158.75

DOCUMENT # P97000021291

1. Entity Name

CENTURY SHOPPING CENTERS, INC.

Principal Place of Business

Mailing Address

901 SW 69 AVE
 MIAMI FL 33144

901 SW 69 AVE
 MIAMI FL 33144-4730

2. Principal Place of Business

7270 NW 12 St.

3. Mailing Address

7270 NW 12 St.

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0778082

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINO, SERGIO
 901 S.W. 69 AVENUE
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name: **KEYLIA ALDA-REILLY**
 Street Address (P.O. Box Number is Not Acceptable): **7270 NW 12 St., 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

Keylia Alda-Reilly

Signature, type 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVSD	PINO, SERGIO	901 SW 69 AVE	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	JOSE CANCELA	7270 NW 12 St, Ste 410	Miami FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Armando Guerra	7270 NW 12 St. Ste. 410	Miami, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Gabriel Bustamante	7270 NW 12 St, Ste. 410	Miami, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Humberto Lorenzo	7270 NW 12 St, Ste 410	Miami, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1 034 (9/93)