FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
03-14-2002 90308 035 ***150.00

DOCUMENT # K94400

1. Entity Name
CENTENNIAL EXPRESS, INC.

DO NOT WRITE IN THIS SPACE

24554

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2500 NW 39 ST	2500 NW 39 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State MIAMI	City & State MIAMI	4. FEI Number 65-0119458 ☐ Applied For ☐ Not Applicable
Zip 33142 Country USA	Zip 33142 Country USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name PETER FEDELE

Street Address (P.O. Box Number Is Not Acceptable)
2500 NW 39 ST

City MIAMI FL Zip Code 33142

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 _____ 4/04/02
Signature, typed 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) ☐	**January 1 - May 1 Fee is $150.00** **After May 1, Fee is $550.00** **Amended UBR is $61.25** **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	DIRECTOR	TITLE	
NAME	PETER FEDELE	NAME	
STREET ADDRESS	5800 SUNCREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	HOWARD GERSHUNY	NAME	
STREET ADDRESS	3412 MANHATTAN AVE.	STREET ADDRESS	
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JOHN FEDELE	NAME	
STREET ADDRESS	5800 SUNCREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	MARY MAGUIRE	NAME	
STREET ADDRESS	3015 EMATTLA ST.	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: _____ PETER FEDELE 2/20/02 305-633-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #