## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 394008** Feb 29, 2000 8:00 am **Secretary of State** CENTURY SURFACING, INC... 02-29-2000 90107 036 \*\*\*158.75 Mailing Address Principal Place of Business C/O ROY C. HERNANDEZ JR. C/O ROY C. HERNANDEZ JR. 3451 NW 14TH AVENUE 3451 NW 14TH AVENUE 4 U V U U POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-2004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1645700 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, ROY C., JR. Street Address (P.O. Box Number is Not Acceptable) 3451 NW 14TH AVENUE POMPANO BEACH FL 33064 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PTD ☐ Delete TITLE TITLE HERNANDEZ, ROY C. JR. NAME STREET ADDRESS STREET ADDRESS 3451 NW 14 AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Addition ☐ Change ☐ Defete TITLE TITLE HERNANDEZ, DOROTHY NAME STREET ADDRESS STREET ADDRESS 3451 NW 14 AVENUE CITY-ST-ZIP CITY-ST-ZIF POMPANO BEACH FL ☐ Change ☐ Addition □ Delete NAME HERNANDEZ, ROY I-NAME STREET ADDRESS STREET ADDRESS 3451 N.W. 14TH AVE. CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH. FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change Addition TITLE NAME NAME inaxpung bet STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trostee 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 expowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: