

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537436

1. Entity Name

EL CENTRO, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90041 024 ***150.00

Principal Place of Business

Mailing Address

8775 PARK BLVD #107
MIAMI FL 33172

8775 PARK BLVD #107
MIAMI FL 33178-2386

101256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10123 Costa del Sol BL

10123 Costa del Sol BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

City & State

City & State

MIAMI, FL

4. FEI Number

59-1747175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

33178

DADE

Zip

Country

33178

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EWING, CATALINA

8775 PARK BLVD #107
MIAMI FL 33172

10123 Costa del Sol BL
MIAMI, FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME EWING, CATALINA
STREET ADDRESS 8775 PARK BLVD #107
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE P
NAME EWING, CATALINA
STREET ADDRESS 10123 COSTA DEL SOL BL
CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Catalina Ewing PRESIDENT 5-1-00
CATALINA EWING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #