

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **546600**

1. Entity Name
CENTURY CELLARS, INC.

Principal Place of Business

**6970 S.W. 4 ST.
MIAMI FL 33144**

Mailing Address

**6970 S.W. 4 ST.
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1762966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**ALZOLA, PEDRO JULIO
912 SANTIAGO STREET
CORAL GABLES FL 33134**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **ALZOLA, PEDRO JULIO**
STREET ADDRESS **912 SANTIAGO**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VP** ☐ Delete
NAME **ALZOLA, PEDRO A**
STREET ADDRESS **835 MARIANA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SEC** ☐ Delete
NAME **ALZOLA, ERNESTO**
STREET ADDRESS **1101 SW 103 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
NAME **BAQUEDANO, FRANCISCO M.**
STREET ADDRESS **1536 TRILLO AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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)(l), 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 #

7-10-01 (305) 261-2288

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90007 015 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)