

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000182

1. Entity Name

CENTURY PARTNERS GROUP, LTD.

FILED

00 JUN 21 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

901 S.W. 69TH AVENUE
MIAMI FL 33144

Mailing Address

901 S.W. 69TH AVENUE
MIAMI FL 33144-4730

2. Principal Place of Business

7270 NW 12 St.
Suite, Apt. #, etc.
410

3. Mailing Address

7270 NW 12 St.
Suite, Apt. #, etc.
410

City & State

Miami FL

City & State

MIAMI FL

4. FEI Number

65-0720675

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name KEYLA ALBA-REILLY
Street Address (P.O. Box Number is Not Acceptable)
7270 NW 12 St., Suite 410
City Miami FL 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 *Keyla Alba-Reilly*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

9. Capital Contributions
as Shown on record.

\$5,937,403.18
S.D. filed 7-14-00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000101172
NAME CENTURY ENTERPRISES GROUP, INC.
STREET ADDRESS 901 S.W. 69TH AVENUE
CITY-ST-ZIP MIAMI FL 33144

13. ADDRESS CHANGES ONLY

STREET ADDRESS 000003221870--3
CITY-ST-ZIP -04/24/00--01163--029
***535.00 ***535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS FF \$526.25
CITY-ST-ZIP CUS 8.75

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #