

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000632**

1. Entity Name

**CENTURY LENDERS GROUP, LTD.**

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.  
410**

3. Mailing Address

**7270 NW 12 St.  
410**

City & State **MIAMI FL**

Zip **33124** Country **USA**

City & State **MIAMI FL**

Zip **33124** Country **USA**

4. FEI Number

**65-0778082**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$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-Berilly**  
Street Address (P.O. Box Number is Not Acceptable) **7270 NW 12 St., Suite 410**  
City **Miami** FL Zip **33124**

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-Berilly*

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record:

**\$5,671,061.00**

10. Amount of Capital Contributions  
in FLORIDA to date:

**5,816,398.35**

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 # **P97000011266**  
NAME **CENTURY MANAGEMENT GROUP, INC.**  
STREET ADDRESS **901 S.W. 69TH AVENUE**  
CITY - ST - ZIP **MIAMI FL 33144**

DOCUMENT #  
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STREET ADDRESS  
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STREET ADDRESS  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

**200003221872-7**  
**-04/24/00-01163-030**  
**\*\*\*\*535.00 \*\*\*\*535.00**

**FF \$526.25**  
**Cus 875**

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 #

FILED  
00 JUN 13 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE