2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # A97000001962

1. Entity Name
CENTRES PA, LTD.

Principal Place of Business	Mailing Address
2 DATRAN CENTER, #1528	C/O CENTRES, INC., TWO DATRAN CENTER #1528 9130 S. DADELAND BLVD.
MIAMI FL	MIAMI FL
33156	33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9130 S. DADELAND BLVD., #1528	C/O CENTRES INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9130 S. DADELAND BLVD., #1528
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33156 Country:	Zip: 33156 Country:

4. FEI Number: 39-1907744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CENTRES PA GP, INC.
2 DATRAN CENTER, #1528
9130 S. DADELAND BLVD.
MIAMI FL
33156 US

7. Name and Address of New Registered Agent

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 ______________________ 04/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 5,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	CENTRES PA GP, INC. 3315 N. 124TH STREET, SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY-ST-ZIP	9130 S. DADELAND BLVD., #1528 MIAMI FL 33156
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CR2E003 (11/00)

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: DAVID K. CHARLTON SVST 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #