

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002154**

1. Entity Name
CENTURY/SAVANNAH BUILDERS, 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 Street
Suite 410**

3. Mailing Address
**7270 NW 12 Street
Suite 410**

City & State
Miami, FL
Zip
33126

City & State
Miami, FL
Zip
33126

4. FEI Number
65-0795559

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 Reilly
Street Address (P.O. Box Number is Not Acceptable)
**7270 NW 12 Street
Suite 410**
City
Miami FL Zip Code
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

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. **\$1,000.00**

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

DOCUMENT # **P97000049901**
NAME **SAVANNA BUILDERS, INC.** Note: changed by amendment
STREET ADDRESS **4444 S.W. 71ST AVENUE #107**
CITY - ST - ZIP **MIAMI FL 33155**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP

3000003384433--0
-09/06/00--01105--029
******550.00 ****550.00**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/28/00

305 599 8100

Date

Daytime Phone #

CR2E003 (9/99)

FILED
/ SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 31 AM 10:02



DO NOT WRITE IN THIS SPACE