

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002201**

1. Entity Name
CENTURY/CRESTVIEW, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business
**7270 N.W. 12TH STREET, SUITE 410
MIAMI FL 33126**

Mailing Address
**7270 N.W. 12TH STREET, SUITE 410
MIAMI FL 33126**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0795689** 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-Peilly**
Street Address (P.O. Box Number is Not Acceptable) **7270 NW 12th St. #410**
City **MIAMI, FL** Zip Code **33172**

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-Peilly*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions **\$2,500,000.00** as Shown on record. 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.
STREET ADDRESS	7270 N.W. 12TH STREET, SUITE 410
CITY-ST-ZIP	MIAMI FL 33126
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800003416328-9
CITY-ST-ZIP	10/06/00 01026 000
STREET ADDRESS	****926.25 ****926.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Keyla Alba-Peilly* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (5/00)