

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001100

1. Entity Name
CENTURY/DIMENSIONS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 31 AM 10:02

mf

Principal Place of Business
901 S.W. 69TH AVENUE
MIAMI FL 33144

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1270 NW 12 Street

3. Mailing Address
1270 NW 12 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 410

Suite 410

City & State
Miami FL

City & State
Miami FL

Zip
33126

Zip
33126

4. FEI Number 65-0360329

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Keyla Alba Reilly
Street Address (P.O. Box Number is Not Acceptable)
1270 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$10,000.00

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/28/00 305 599 8100
Date Daytime Phone #

CR2E003 (9/99)