

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90157 001 \*\*\*\*\*8.75  
 03-20-2000 90157 002 \*\*\*150.00

**DOCUMENT # H99770**

1. Entity Name

**CENTURY IMPORTS, INC.**

Principal Place of Business

Mailing Address

**5028 MALLARDS PLACE  
 PO BOX 5363  
 COCONUT CREEK FL 33073  
 US**

**PO BOX 5363  
 LIGHTHOUSE PT FL 33074-5363  
 US**

2. Principal Place of Business

**5028 MALLARD'S PLACE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**COCONUT CREEK FL**

City & State

4. FEI Number

**26-5099487**

☒ Applied For  
☐ Not Applicable

Zip

**33073**

Country

**US**

Zip

Country

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

**EGNER, THEODORE K.  
 3067 E. COMMERCIAL BLVD.  
 FORT LAUDERDALE FL 33308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **ALAM, SAUD**  
 STREET ADDRESS **865 N.W. 45TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL**

☒ Change ☐ Addition  
 OF ADDRESS  
 TITLE **5028 MALLARD'S PLACE**  
 STREET ADDRESS **COCONUT CREEK FL 33073**  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **PETERS, GEORGE**  
 STREET ADDRESS **3311 QUAIL CLOSE DRIVE**  
 CITY-ST-ZIP **POMPANO BEACH FL**

☐ Change ☐ Addition  
 OF ADDRESS  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **ALAM, ZAHIR**  
 STREET ADDRESS **865 N.W. 45TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL**

☒ Change ☐ Addition  
 OF ADDRESS  
 TITLE **5028 MALLARD'S PLACE**  
 STREET ADDRESS **COCONUT CREEK FL 33073**  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **ALAM, SHIRAZ**  
 STREET ADDRESS **865 N.W. 45TH STREET**  
 CITY-ST-ZIP **POMPANO BE**

☒ Change ☐ Addition  
 OF ADDRESS  
 TITLE **5028 MALLARD'S PLACE**  
 STREET ADDRESS **COCONUT CREEK FL 33073**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 OF ADDRESS  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

☐ Change ☐ Addition  
 OF ADDRESS  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SAUD ALAM**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 421-0555

Daytime Phone #