

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44930

1. Entity Name

CENTURY HOMEBUILDERS INCORPORATED

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90053 003 ***150.00

Principal Place of Business

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33016
US

Mailing Address

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33126-1927
US

2. Principal Place of Business

7270 NW 12 Street

3. Mailing Address

7270 NW 12 Street

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

65-0116528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, PATRICE M
14505 COMMERCE WAY
#400
MIAMI LAKES FL 33016

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

Keyla Alba Reilly

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

(NOTE: Registered Agent signature required when reinstating)

2/10/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEITZER, HARRY	
STREET ADDRESS	5901 NW 151 STREET, SUITE 120	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KLEINERMAN, PETER	
STREET ADDRESS	14505 COMMERCE WAY, #400	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	RICE, SHERYL S	
STREET ADDRESS	14505 COMMERCE WAY, #400	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, PATRICE M	
STREET ADDRESS	5901 NW 151ST ST SUITE 120	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis P. Rabell	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emiliano de la Fuente, Jr.	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyla Alba Reilly	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Iglesias	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Keyla Alba Reilly

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/10/00

Date

Daytime Phone #

CR2000 10/00