

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44930

1. Entity Name
CENTURY HOMEBUILDERS INCORPORATED

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90125 022 ***150.00

Principal Place of Business
7270 NW 12 STREET
SUITE 410
MIAMI FL 33126
US

Mailing Address
7270 NW 12 STREET
SUITE 410
MIAMI FL 33126
US

612079



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0116528		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
REILLY, KEYLA A 7270 NW 12 STREET #400 MIAMI FL 33176				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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P RABELL, LUIS P 7270 NW 12 STREET SUITE 410 MIAMI FL 33126	TITLE	P.D. Rabell, Luis 7270 NW 12 St, Ste. 410 Miami, FL 33126
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VT DE LA FUENTE, EMILIANO JR. 7270 NW 12 STREET SUITE 410 MIAMI FL 33126	TITLE	V.T. D Norris, Wayne 7270 NW 12 St, Ste. 410 Miami, FL 33126
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S REILLY, KEYLA A 7270 NW 12 STREET SUITE 410 MIAMI FL 33126	TITLE	S.D.V Alba-Reilly, Keyla 7270 NW 12 St, Ste. 410 Miami, FL 33126
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV IGLESIAS, JOHN 7270 NW 12 STREET SUITE 410 MIAMI FL 33126	TITLE	DV Iglesias, Thomas 7270 NW 12 St, Ste. 410 Miami, FL 33126
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	D.V Llano, Cesar 7270 NW 12 St, Ste. 410 Miami, FL 33126
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/19/01 Daytime Phone # _____

CR2E034 (10/00)