

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 035 \*\*\*\*50.00

DOCUMENT # L01000005284

1. Entity Name

MD/Century LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11762 SW 88<sup>th</sup> ST

Suite, Apt. #, etc.

111

3. Mailing Address

11762 SW 88<sup>th</sup> ST

Suite, Apt. #, etc.

111

DO NOT WRITE IN THIS SPACE

City & State

MIAMI Florida

City & State

MIAMI Florida

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FRANCISCO DELAPAZ

Street Address (P.O. Box Number is Not Acceptable)

11762 SW 88<sup>th</sup> ST STE 111

City

MIAMI

FL

Zip Code

33186

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

FRANCISCO DELAPAZ

4/30/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MANASSA  
FRANCISCO DELAPAZ  
11762 SW 88<sup>th</sup> ST #111  
MIAMI FL 33186

TITLE  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FRANCISCO DELAPAZ

4/30/2002

Date

Daytime Phone #

CR2E083B (12/01)