

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 028 ****50.00

0022776

DOCUMENT # L01000005284

1. Entity Name
MD/CENTURY LLC



Principal Place of Business
**11762 SW 88TH ST., #111
MIAMI FL 33176**

Mailing Address
**11762 SW 88TH ST., #111
MIAMI FL 33176**

2. Principal Place of Business
10585 SW 109th Ct

3. Mailing Address
10585 SW 109th Ct

Suite, Apt. #, etc. **201**

City & State
Miami, FL

Zip **33176** Country **US**



☒ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent
**DE LA PAZ, FRANCISCO
11762 SW 88TH ST., #111
MIAMI FL 33176**

4. FEI Number **APPLIED FOR**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

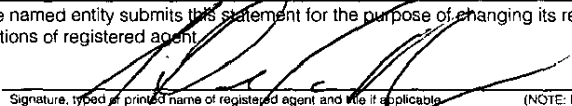
7. Name and Address of New Registered Agent

Name **Buroserv**

Street Address (P.O. Box Number is Not Acceptable)
10585 SW 109th Ct Ste 201

City **Miami** State **FL** Zip Code **33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Francisco De La Paz** DATE **4/30/2003**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELAPAZ, FRANCISCO 11762 SW 88 ST #111 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Francisco De La Paz 10585 SW 109th Ct Ste 201 Miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Francisco De La Paz** DATE **4/30/2003** DAYTIME PHONE # **305-596-5655**

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

CR2E083 (10/02)