

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

Suite, Apt. #, etc.

201

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

US

Zip

33176

Country

US

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE LA PAZ, FRANCISCO
11762 SW 88TH ST., #111
MIAMI FL 33176**

Name

Buroserv

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

10585 SW 109th Ct Ste 201

City

Miami

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

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

(NOTE: Registered Agent signature required when reinstating)

Francisco De La Paz

4/30/2003

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DELAPAZ, FRANCISCO
11762 SW 88 ST #111
MIAMI FL 33186**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 4/30/2003 305-596-5655

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

Date

Daytime Phone #