

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L51009

1. Entity Name

CENTURY HOUSING CORPORATION

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

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 **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is able 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEITZER, HARRY 5901 NW 151 STREET, STE 120 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RICE, SHERYL S 14505 COMMERCE WAY MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROSEWATER, JAMES P 14505 COMMERCE WAY MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS JOHNSTON, PATRICE M 14505 COMMERCE WAY MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSTON, PATRICE M 5901 NW 151ST ST SUITE 120 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90070 014 ***150.00

C0041537



DO NOT WRITE IN THIS SPACE

CD000001 0/000