2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M19632 1. Entity Name

CENTURY THREE ORLANDO FLORIDA, INC.

Principal Place of Business 20803 BISCAYNE BLVD. STE 200 AVENTURA FL 33180

Mailing Address

20803 BISCAJNE BLVD. STE 200 AVENTICA FL 33/80.14/29

2. Principal Place of Business

3. Mailing Address

FILED Jul 10, 2001 8:00 am **Secretary of State**

07-10-2001 90121 030 ***558.75

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Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State ORLANDO, FL.		City & State ORLAND FL		4.	4. FEI Number 59-2518336		-	pplied For ot Applicable
Zip 32819	Country	Zip 32819	Country (15	5.	Certificate of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current F	Registered Agent		 7.	Name and Address of New R	agistered (
KORN, GARY A.								
20803	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
STE 20							_	*****
AVENTURA, FL. 33/80								
j	City	City			Zip Cod	le .		
8. The above	named entity submits this statement for	the purpose of changing i	its registered office or	registered an	ent or both in the State of Flor			
	·	. ,			on the state of the	iua.		
CICNIATION								
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NC	OTE: Registered Agent signatu	re required when re	instation)	DATE		
	oration is eligible to satisfy its Intangible	FILE NOV	VIII. PEE 18 \$150.0	0	10. Election Campaign Fins	noine		Δ
	requirement and elects to do so.	After MAY 1, 2	001 Fee will be \$5 able to Department	50.00	Trust Fund Contribution			10 May Be I to Fees
(See crite	ria on back)	Make Check Pay:	ble to Department	of State		. –	Aduet	I IU F ee s
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	POT	☐ Delete	TITLE	PUTS		<u> </u>	Change	Addition
NAME	CIBELLA, ROSS PL		NAME	, -			∠Zy Crimitye	
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CITY-ST-ZIP	9339 CYPRESS CODE ORLANDO FL.		CITY-ST-ZIP					
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NAME	CIBBLLA PATRICIA	Les Délète	TITLE				Change	■ Addition
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11 I herebuc	artify that the information appoiling with the	ila liliaa daan uut ulkulik. L		41.0	40.07(0)(0) (0) (1) (0)			

Insteropy curring 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 girler like empowered.

SIGNATURE: *

407-354-1000