

2002 **103 FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000007187

1. Entity Name

Centurion Building Supplies, Inc.



03 MAY 27 PM 12:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

600020518156  
 06/04/03--01034--008 \*\*300.00

|  |  |  |  |
|--|--|--|--|
| 2. Principal Place of Business<br>1760 W. 41st St.,<br>Suite, Apt. #, etc.<br>Unit B<br>City & State<br>Hialeah, Florida<br>Zip<br>33012 |  | 3. Mailing Address<br>1760 W. 41st St.,<br>Suite, Apt. #, etc.<br>Unit B<br>City & State<br>Hialeah, Florida<br>Zip<br>33012 |  |
|--|--|--|--|

|  |  |
|--|--|
| 4. FEI Number<br>65-0995641  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

|  |
|--|
| Name<br>Nelson Graveran  |
| Street Address (P.O. Box Number is Not Acceptable)<br>1760 W. 41st St. |
| Unit B   |
| City<br>Hialeah  |
| FL Zip Code<br>33012   |

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fees \$150.00  
 After May 1, Fees \$450.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D / S<br>Nelson Graveran<br>1760 W. 41st St., Unit B<br>Hialeah, Florida 33012 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T / D<br>I. CRISTINA GRAVERAN<br>1760 WEST 41 STREET UNIT B<br>HIALEAH, FL 33012 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 5/23

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

|   |                          |   |  |
|---|--------------------------|---|--|
| <b>DOCUMENT #</b> P00000007187<br>1. Entity Name<br>Centurion Building Supplies, Inc.   |                          |   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                          |   |  |
| 2. Principal Place of Business<br>1760 W. 41st St.<br>Suite, Apt. #, etc.<br><b>Unit B</b><br>City & State<br><b>Hialeah, Florida</b><br>Zip<br><b>33012</b>  |                          | 3. Mailing Address<br>1760 W. 41st St.<br>Suite, Apt. #, etc.<br><b>Unit B</b><br>City & State<br><b>Hialeah, Florida</b><br>Zip<br><b>33012</b>  |  |
|   |                          | DO NOT WRITE IN THIS SPACE  |  |
|   |                          | 4. FEI Number<br><b>65-0995641</b>  |  |
|   |                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                          | 7. Name and Address of Current Registered Agent<br>Name<br><b>Nelson Graveran</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1760 W. 41st St.</b><br><b>Unit B</b><br>City<br><b>Hialeah</b> |  |
|   |                          | FL Zip Code<br><b>33012</b>   |  |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE _____  |                          |   |  |
| January 1 - May 1 Fee is \$150.00<br>After May 1 Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State   |                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                          |   |  |
| TITLE   | P/D/s                    | TITLE   |  |
| NAME  | Nelson Graveran          | NAME  |  |
| STREET ADDRESS  | 1760 W. 41st St., Unit B | STREET ADDRESS  |  |
| CITY - ST - ZIP   | Hialeah, Florida 33012   | CITY - ST - ZIP   |  |
| TITLE   | T/D                      | TITLE   |  |
| NAME  | I. CRISTINA GRAVERAN     | NAME  |  |
| STREET ADDRESS  | 1760 WEST 41 ST., UNIT B | STREET ADDRESS  |  |
| CITY - ST - ZIP   | HIALEAH, FL 33012        | CITY - ST - ZIP   |  |
| TITLE   |                          | TITLE   |  |
| NAME  |                          | NAME  |  |
| STREET ADDRESS  |                          | STREET ADDRESS  |  |
| CITY - ST - ZIP   |                          | CITY - ST - ZIP   |  |
| TITLE   |                          | TITLE   |  |
| NAME  |                          | NAME  |  |
| STREET ADDRESS  |                          | STREET ADDRESS  |  |
| CITY - ST - ZIP   |                          | CITY - ST - ZIP   |  |
| TITLE   |                          | TITLE   |  |
| NAME  |                          | NAME  |  |
| STREET ADDRESS  |                          | STREET ADDRESS  |  |
| CITY - ST - ZIP   |                          | CITY - ST - ZIP   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                          |   |  |
| 12. 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 10 or on an attachment with an address, with all other like empowered. |                          |   |  |
| SIGNATURE   |                          |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____   |                          |   |  |