

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014900

1. Entity Name
CENTURY DORAL CORP.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90113 034 ***150.00

Principal Place of Business
7270 NW 12 STREET
SUITE 410
MIAMI FL 33126

Mailing Address
7270 NW 12 STREET
SUITE 410
MIAMI FL 33126

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0980675** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALBA-REILLY, KEYLA
7270 NW 12 STREET
SUITE 410
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 eligible 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, T, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABELL, LUIS		NAME	Norris, Wayne	
STREET ADDRESS	7270 NW 12 STREET		STREET ADDRESS	7270 NW 12 St, Ste. 410	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA FUENTE, EMILIANO JR.		NAME	Rabell, Luis	
STREET ADDRESS	7270 NW 12 STREET		STREET ADDRESS	7270 NW 12 St, Ste. 410	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, S, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBA-REILLY, KEYLA		NAME	Alba-Reilly, Keyla	
STREET ADDRESS	7270 NW 12 STREET		STREET ADDRESS	7270 NW 12 St, Ste. 410	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE	D, V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CBSA2 LLANO	
STREET ADDRESS			STREET ADDRESS	7270 NW 12 St, Ste 410	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE *[Signature]* **1/19/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)