

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000014909

FILED  
Apr 05, 2002 8:00 AM  
Secretary of State

Entity Name: CENTURY CITRUS ISLES CORP.

## Current Principal Place of Business:

7270 NW 12 STREET  
SUITE 410  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

7270 NW 12 STREET  
SUITE 410  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-0980784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBA-REILLY, KEYLA  
7270 NW 12 STREET  
SUITE 410  
MIAMI, FL 33126

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RABELL, LUIS  
Address: 7270 NW 12TH STREET SUITE 410  
City-St-Zip: MIAMI, FL 33126

Title: DTV (X) Delete  
Name: NORRIS, WAYNE  
Address: 7270 NW 12TH STREET SUITE 410  
City-St-Zip: MIAMI, FL 33126

Title: DSV ( ) Delete  
Name: ALBA-REILLY, KEYLA  
Address: 7270 NW 12TH STREET SUITE 410  
City-St-Zip: MIAMI, FL 33126

Title: DV ( ) Delete  
Name: LLANO, CESAR  
Address: 7270 NW 12TH STREET SUITE 410  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEYLA ALBA-REILLY

DSV

04/05/2002

Electronic Signature of Signing Officer or Director

Date