

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092655

1. Entity Name
AMERICAN CENTURY, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90141 006 ***150.00

Principal Place of Business
5266 N.W. 114TH AVENUE
#103
MIAMI FL 33178

Mailing Address
5266 N.W. 114TH AVENUE
#103
MIAMI FL 33178

2. Principal Place of Business
8181 NW 36st
Suite, Apt. #, etc.
1007
City & State
Miami FL

3. Mailing Address
8181 NW 36st
Suite, Apt. #, etc.
1007
City & State
Miami, FL



DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33166
Country
USA

City & State
Miami, FL
Zip
33166
Country
USA

4. FEI Number
65-1062590
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name
MARIANA COCCA
Street Address (P.O. Box Number is Not Acceptable)
8181 NW 36st
No. 1007
City
Miami FL Zip Code
33166

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

03/02/01
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
NAME
D COCCA, MARIANA
STREET ADDRESS
5266 N.W. 114TH AVENUE SUITE 103
CITY-ST-ZIP
MIAMI FL 33178 ☐ Delete

TITLE
NAME
D COCCA, MARIANA
STREET ADDRESS
8181 NW 36st No. 1007
CITY-ST-ZIP
Miami, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE DIRECTOR
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/01 305-775-8226
Date Daytime Phone #

CR2E034 (10/00)