

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107034

1. Entity Name

CENTENARIO CORPORATION

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90184 013 ***150.00

Principal Place of Business

Mailing Address

~~C/O ROTH, ROUSSE & BENJAMIN, P.A.~~
~~9350 S DIXIE HWY, PH2~~
~~MIAMI FL 33156~~

~~C/O ROTH, ROUSSE & BENJAMIN, P.A.~~
~~9350 S DIXIE HWY, PH2~~
~~MIAMI FL 33156~~

937438



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 RAUL M. REBENGA

3. Mailing Address

90 RAUL M. REBENGA

Suite, Apt. #, etc.

8883 SW 62 TERR

Suite, Apt. #, etc.

8883 SW 62 TERR

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33173

Country

MIA-DADE

Zip

33173

Country

MIA-DADE

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

Name

RAUL M. REBENGA

Street Address (P.O. Box Number is Not Acceptable)

8883 SW 62 TERR

City

MIAMI

FL

Zip Code

33173

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.

RAUL M. REBENGA

(NOTE: Registered Agent signature required when reinstating)

DATE

March 20, 2001

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
STREET ADDRESS
CITY-ST-ZIP
DPT
LEON KRACOVITZ, DANIEL
8879 SW 62 TERR, UNIT 10C
MIAMI FL 33173 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
LILIANA ALVAREZ, SILVA
8879 SW 62 TERR, UNIT 10C
MIAMI FL 33173 ☐ Delete

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVIA L. ALVAREZ

Date

3/26/01 (0-11-54-98)

Deleg. Phone #

4958-1100

CR2E034 (10/00)

0195304