

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90154 026 ***150.00

DOCUMENT # P00000107034

1. Entity Name
CENTENARIO CORPORATION

Principal Place of Business

C/O RAUL M REBENGA
8883 SW 68 TERR
MIAMI FL 33173

Mailing Address

C/O RAUL M REBENGA
8883 SW 68 TERR
MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O RAUL M. REBENGA

3. Mailing Address
C/O 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

Zip
33173

Country
USA -DADE

Zip
33173

Country
MIA-DADE

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REBENGA, RAUL M
8883 SW 68 TERR.
MIAMI FL 33173

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. (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, 2002 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

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
DVS
LILIANA ALVAREZ, SILVA
8879 SW 62 TERR, UNIT 10C
MIAMI FL 33173 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: **SIG. REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002 305-273-850

Date Daytime Phone #

CR2E034 (9/01)