

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000116860

1. Entity Name

CENTURY DESIGN SPRAY, INC.



7-1021
SECRETARY OF STATE
DIVISION OF CORPORATION

03 DEC -4 AM 11:16

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15341 SW 144 TERR

Suite, Apt. #, etc.

3. Mailing Address
15341 SW 144 TERR

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33196

Country

City & State
MIAMI, FL

Zip
33196

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1072721

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN M.BARRIOS

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

15341 SW 144 TERR

City MIAMI

FL

Zip Code
33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME (P/D) JUAN M.BARRIOS
STREET ADDRESS 15341 SW 144 TERR
CITY-ST-ZIP MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800025427858
12/11/03-01064-002 **150.00

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other information required.

SIGNATURE:

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20348 (12/02)