2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State
04-07-2003 90127 029 ***158.75

DOCUMENT # P01000048629

1. Entity Name
CENTURY PREMIUM LISTS, INC.

Principal Place of Business	Mailing Address
9200 SOUTH DADELAND BLVD. SUITE 700 MIAMI FL 33156	9200 SOUTH DADELAND BLVD. SUITE 700 MIAMI FL 33156

[redacted]

2. Principal Place of Business	3. Mailing Address
9590 NW 25th Street	9590 NW 25th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip 33172 Country USA	Zip 33172 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3756915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRAINOR, DIANE M
9200 SOUTH DADELAND BLVD.
SUITE 700
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MARTINEZ, RICARDO STREET ADDRESS 9200 SOUTH DADELAND BLVD. CITY-ST-ZIP MIAMI FL 33156	XX Delete	TITLE D NAME MIRIAM MONTES STREET ADDRESS 9590 NW 25th Strret CITY-ST-ZIP MIAMI, FLORIDA 33172	☐ Change XX Addition
TITLE D NAME MARTINEZ, RICARDO STREET ADDRESS 9200 SOUTH DADELAND BLVD. CITY-ST-ZIP MIAMI FL 33156	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM MONTES 4-2-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #