

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

DOCUMENT # P01000091110

1. Entity Name
CENTRUM INTERNATIONAL ASSET MANAGEMENT CORPORATION

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90271 004 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2061 Renaissance Blvd.

103 Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 171335

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miramar, FL 33025

City & State
Hialeah, FL

4. FEI Number "APPLIED FOR"

☒ Applied For
☐ Not Applicable

Zip 33025

Country

Zip

33017

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTINEZ, AWILDA

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

2061 Renaissance Blvd.

Suite 103

City

Miramar,

FL

Zip Code
33025

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D
W. Liam Baldwin
2061 Renaissance Blvd. #103
Miramar, FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #