

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90378 030 ***150.00

DOCUMENT # PO10000111318 ✓

1. Entity Name

CENTRA-WEST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2929 W. OAKRIDGE RD.

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 453116

Suite, Apt. #, etc.

H-1

City & State

ORLANDO, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3758177

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

34745-3116

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KATERINA MACKEY

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

2929 W. OAKRIDGE RD. # H1

ORLANDO,

City

FL

Zip Code

32809

**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

KATERINA MACKEY

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

(NOTE: Registered Agent signature required when reinstating)

04/15/2002

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
PRESIDENT
MILOSLAV ZEMAN
2216 GRAND CAYMAN CT. # 1434
KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE-PRESIDENT
KATERINA MACKEY
2929 W. OAKRIDGE RD. # H1
ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MILOSLAV ZEMAN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02

Date

Daytime Phone #

(407) 383-7836

CR2E034B (12/01)

ATTACH # PO1000111318/637261
ATTN: MRS. - BETH REGISTER.

DEAR MRS. BETH :

The enclosed is the Business UNIFORM REPORT
FOR THE "CENTRA-WEST, INC."

The address and mailing address were
changed, as well as president, vice-
president and registered agent.

Simona Racusin no more in the corporation.

They signed, I believe, in the correct places.

If you will have any questions regarding
this form, please call me at
(407) 322-2828 or (407) 718-7118.

Sincerely,

YAROSLAV BANAEV
("JERRY").

Thank you!