

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90154 019 ***150.00

DOCUMENT # P02000061389

1. Entity Name
CENTROS ASISTENCIALES CORP.



Principal Place of Business
16300 NE 19 AVE STE 235
N MIAMI BCH FL 33162

Mailing Address
16300 NE 19 AVE STE 235
N MIAMI BCH FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0614312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHVARZER, ALBERTO
10295 COLLINS AVE #325
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent

Name **SCHVARZER, ALBERTO**

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

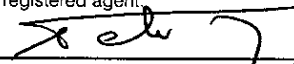
16300 NE 19th Ave # 235

City **N.M BEACH**

FL

Zip Code **33162**

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.

ALBERTO SCHVARZER.

3/17/03

(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 **DP** ☐ Delete
NAME **SCHVARZER, ALBERTO**
STREET ADDRESS **10295 COLLINS AVE #325**
CITY-ST-ZIP **BAL HARBOR FL 33154**

TITLE **DP** ☒ Change ☐ Addition
NAME **SCHVARZER, ALBERTO**
STREET ADDRESS **16300 NE 19th Ave # 235**
CITY-ST-ZIP **NMB FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALBERTO SCHVARZER**
PRESIDENT.

3/17/03

Date

305-947-0681

Daytime Phone #

CR2E034 (10/02)