

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90864 033 ***150.00

U262036 AV

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1. Entity Name
U.S. CENTURY BANK



Principal Place of Business
**7575 W FLAGLER ST
MIAMI FL 33144**

Mailing Address
**7575 W FLAGLER ST
MIAMI FL 33144**

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

52-2371758

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

7. Name and Address of New Registered Agent

Name

Octavio Hernandez

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

7575 West Flagler St.

City

MIAMI

FL

Zip Code

33144

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]*

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 Delete
NAME **D**
STREET ADDRESS **ANGONES, FRANCISCO R**
CITY-ST-ZIP **1203 SANTONA ST
CORAL GABLES FL 33146**

TITLE Change Addition
NAME **D**
STREET ADDRESS **Ramon Rocio**
CITY-ST-ZIP **283 Catalonia Ave.
Coral Gables FL 33134**

TITLE Delete
NAME **D**
STREET ADDRESS **GARCIA, CARLOS M**
CITY-ST-ZIP **9485 SUNSET DR, STE A-295
MIAMI FL 33175**

TITLE Change Addition
NAME **President**
STREET ADDRESS **OCTAVIO HERNANDEZ**
CITY-ST-ZIP **7575 West Flagler St
MIAMI, FL 33144**

TITLE Delete
NAME **D**
STREET ADDRESS **GUERRA, ARMANDO J**
CITY-ST-ZIP **4475 JOURNEY'S END RD
CORAL GABLES FL 33156**

TITLE Change Addition
NAME **CEO**
STREET ADDRESS **Samuel A. Milne**
CITY-ST-ZIP **7575 West Flagler St
MIAMI FL 33144**

TITLE Delete
NAME **D**
STREET ADDRESS **HERRAN, AGUSTIN**
CITY-ST-ZIP **15175 SW 212 ST
MIAMI FL 33187**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **HERRAN, MANUEL A**
CITY-ST-ZIP **8460 SW 5TH ST
MIAMI FL 33144**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **PINO, SERGIO**
CITY-ST-ZIP **7270 NW 12TH ST, STE 410
MIAMI FL 33126**

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]* **SIGNATURE REQUIRED Samuel A. Milne** 2/25/03 305-260-9400
Date Daytime Phone #

CR2E034 (10/02)