2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90044 049 ***150.00

DOCUMENT # P93000035355

1. Entity Name
CENIT CORPORATION

Principal Place of Business	Mailing Address
~~245 SE 1ST STREET~~	~~245 SE 1ST STREET~~
~~STE. 203~~	~~STE. 203~~
~~MIAMI FL 33131~~	~~MIAMI FL 33131-1909~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10843 NW 29 ST		10843 NW 29 ST	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33172	Country	Zip: 33172	Country

4. FEI Number 65-0410027 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALINAS, CARLOS A	Name
~~245 SE 1ST STREET, STE. 203~~	Street Address (P.O. Box Number is Not Acceptable) 10843 NW 29 STREET
~~NO. 3~~	
MIAMI FL 33131	City MIAMI FL Zip Code 33172

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 ______ 2/26/00
(Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME: SALINAS, CARLOS A		NAME	
STREET ADDRESS: 10843 NW 29 ST		STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33172		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 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