

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021606

1. Entity Name

CENTURY FIVE, INC.

Principal Place of Business

901 SW 69TH AVE.
MIAMI FL 33144

Mailing Address

901 SW 69TH AVE.
MIAMI FL 33144

2. Principal Place of Business

7270 NW 12 St.

3. Mailing Address

7270 NW 12 St.

Suite, Apt. #, etc.

410

Suite, Apt. #, etc.

410

City & State
Miami FL

City & State
Miami FL

33126

Country
USA

Zip
33126

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINO, SERGIO
901 SW 69 AVE.
MIAMI FL 33144

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PINO, SERGIO
901 SW 69TH AVE.
MIAMI FL 33144 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90050 031 ***158.75

00046120



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0490322 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034 (10/00)