

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047525

1. Entity Name

WEITZER HOMEBUILDERS INCORPORATED

amended to: Century Builders Group, Inc.

Principal Place of Business

Mailing Address

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33016
US

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33126-1927
US

2. Principal Place of Business

7270 NW 12 Street

Suite, Apt. #, etc.

Suite 410

City & State

Miami FL

Zip

33126

Country

3. Mailing Address

7270 NW 12 Street

Suite, Apt. #, etc.

Suite 410

City & State

Miami FL

Zip

33126

Country

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90007 023 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0502494

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

JOHNSON, PATRICE M
14505 COMMERCE WAY
#400
MIAMI LAKES FL 33016

Name

Keyla Alba Reilly

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

7270 NW 12 Street

Suite 410

City

Miami

FL

Zip Code

33126

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, 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 IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELLRING, LARRY	
STREET ADDRESS	9875 N.W. 79TH AVENUE	
CITY-ST-ZIP	HEALEAH GARDENS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEITZER, HARRY	
STREET ADDRESS	5901 NW 151ST ST, #120	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITT, ALAN G	
STREET ADDRESS	4015 CEDAR LANE	
CITY-ST-ZIP	TEANECK NJ 07666	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	RICE, SHERYL S	
STREET ADDRESS	14505 COMMERCE WAY, #400	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, PATICE M	
STREET ADDRESS	14505 COMMERCE WAY, #400	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMBROSIO, MICHAEL	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 425	
CITY-ST-ZIP	MIAMI FL	

TITLE	DPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sergio Pino	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyla Alba Reilly	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emiliano de la Fuente	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armando Guerra	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Cancea	
STREET ADDRESS	7270 NW 12 Street, Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Rabell	
STREET ADDRESS	7270 NW 12 St., Suite 410	
CITY-ST-ZIP	Miami, FL 33126	

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

5/26/00

Date

305-599-8100

Daytime Phone #

CR2E034 (9/99)