


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

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

02-03-2003 90043 018 ***158.75

DOCUMENT # **P. 94 0000 65897**
1. Entity Name
Century Technology, Inc



DO NOT WRITE IN THIS SPACE

20022718

2. Principal Place of Business
1754 SW 109th Terrace

Suite, Apt. #, etc.
Suite, Apt. #, etc.

3. Mailing Address
1754 SW 109th Terrace

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

Zip
33324

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0522200

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Santos, Mauro C. Esq

Street Address (P.O. Box Number is Not Acceptable)
25 SE Second Avenue

City
Ingraham Bldg, Suite 1235

City
Miami, FL

Zip Code
33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
DP
NAME
Mendes, Jose
STREET ADDRESS
Rua Catubi, 324 apt 32
CITY-ST-ZIP
Sao Paulo-SP 05010-000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
DUPS
NAME
Filho, Alberto Sembieri
STREET ADDRESS
Rua Guilhermina 291
CITY-ST-ZIP
Sao Paulo-SP 02469-040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
DT
NAME
Mattos, Roberto
STREET ADDRESS
9 Sandburg Drive
CITY-ST-ZIP
Morganville, NJ 07751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Roberto Mattos Roberto M Mattos** Date: **01/25/2003** Daytime Phone #: **(732) 617-7251**

CR2E034B (12/02)