

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90339 033 \*\*\*550.00

**DOCUMENT # P95000046630**

1. Entity Name  
**CENTRAL CITY MANAGEMENT CORP.**

Principal Place of Business      Mailing Address  
**2414 S.W. 8TH CT.      2414 S.W. 8TH CT.**  
**MIAMI FL 33135      MIAMI FL 33135**

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 **65-0632955**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ARAZOZA, COMAS, DE TORRES & FERNANDEZ**  
**2100 SALZEDO ST.**  
**STE. 300**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>GRANDE, CARLOS</b>        |                                 |
| STREET ADDRESS | <b>1037 ALFONSO AVE</b>      |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33146</b> |                                 |
| TITLE          | <b>VP</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>GRANDE, MANUEL</b>        |                                 |
| STREET ADDRESS | <b>2720 SW 129TH AVE.</b>    |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>        |                                 |
| TITLE          | <b>S</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>GRANDE, ANA LATOUR</b>    |                                 |
| STREET ADDRESS | <b>1037 ALFONSO AVE</b>      |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33146</b> |                                 |
| TITLE          | <b>T</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>GRANDE, FRANK</b>         |                                 |
| STREET ADDRESS | <b>2414 SW 8 ST</b>          |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33135</b>        |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                 |                                   |
|----------------|---------------------------------|-----------------------------------|
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-02

Date      Daytime Phone #

CR2E034 (4/02)