

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088283

1. Entity Name

CENTURY FOREST LAKES VILLAS, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90057 049 \*\*\*150.00

Principal Place of Business

14505 COMMERCE WAY  
#400  
MIAMI LAKES FL 33016

Mailing Address

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

2. Principal Place of Business

7270 NW 12 Street

3. Mailing Address

7270 NW 12 Street

Suite, Apt. #, etc.  
Suite 410

Suite, Apt. #, etc.  
Suite 410

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33126

Country

Zip  
33126

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-3842298

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

JOHNSTON, 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

*Keyla Alba Reilly*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/00  
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 AVS  
NAME JOHNSTON, PATRICE M  
STREET ADDRESS 5901 NW 151ST ST SUITE 120  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Delete

TITLE P  
NAME Luis P. Rabell ☐ Change ☒ Addition  
STREET ADDRESS 7270 NW 12 Street, Suite 410  
CITY-ST-ZIP Miami, FL 33126

TITLE VT  
NAME RICE, SHERYL S ☒ Delete  
STREET ADDRESS 14505 COMMERCE WAY, #400  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE VT  
NAME Emiliano de la Fuente ☐ Change ☒ Addition  
STREET ADDRESS 7270 NW 12 Street, Suite 410  
CITY-ST-ZIP Miami, FL 33126

TITLE VP  
NAME ROSEWATER, JAMES P ☒ Delete  
STREET ADDRESS 5901 NW 151 STREET, SUITE 120  
CITY-ST-ZIP MIAMI LAKES FL

TITLE S  
NAME Keyla Alba-Reilly ☐ Change ☒ Addition  
STREET ADDRESS 7270 NW 12 Street, Suite 410  
CITY-ST-ZIP Miami, FL 33126

TITLE VP  
NAME FLEDSTEEN, LEIGH ☒ Delete  
STREET ADDRESS 5901 NW 151 STREET, SUITE 120  
CITY-ST-ZIP MIAMI LAKES FL

TITLE DV  
NAME Thomas Iglesias ☐ Change ☒ Addition  
STREET ADDRESS 7270 NW 12 Street, Suite 410  
CITY-ST-ZIP Miami, FL 33126

TITLE PD  
NAME WEITZER, HARRY ☐ Delete  
STREET ADDRESS 14505 COMMERCE WAY, #400  
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Keyla Alba Reilly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00  
Date

Daytime Phone #