

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000016218**1. Entity Name
CENTRES EAST, INC.**Principal Place of Business**3315 NORTH 124TH ST.
SUITE E
BROOKFIELD
53005

WI

Mailing Address3315 NORTH 124TH ST.
SUITE E
BROOKFIELD
53005

WI

2. Principal Place of Business
C/O CENTRES INC.**3. Mailing Address**
C/O CENTRES INC.Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528City & State
MIAMI FLCity & State
MIAMI FLZip
33156Country
USZip
33156Country
US4. FEI Number
39-1849154

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 AgentSHEVIN ARNOLD
2 DATRAN CENTER, STE 1528
9130 SOUTH DADELAND BLVD
MIAMI FL
33156 US**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.

SIGNATURE _____ **02/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VST	<input type="checkbox"/> Delete
NAME	NENNIG MICHELLE M	
STREET ADDRESS	3315 N 124TH ST SUITE E	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KARL KENNETH B	
STREET ADDRESS	9130 S. DADELAND BLVD, #1528	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VAST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLTON DAVID K	
STREET ADDRESS	9130 S. DADELAND BLVD., #1528	
CITY-ST-ZIP	MIAMI FL 33156	
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: DAVID K. CHARLTON

VAST

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)