

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041072

1. Entity Name

CENTURY MALIBU BAY, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90053 007 ***150.00

Principal Place of Business

Mailing Address

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33016

14505 COMMERCE WAY
#400
MIAMI LAKES FL 33016-1525
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

4. FEI Number

65-0671792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD ☒ Delete
NAME WEITZER, HARRY
STREET ADDRESS 5901 NW 151 STREET, SUITE 120
CITY-ST-ZIP MIAMI LAKES FL

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

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

TITLE AVPS ☒ Delete
NAME JOHNSTON, PATRICE M
STREET ADDRESS 14505 COMMERCE WAY #400
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 #

CR2F034 (9/99)