

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006153

1. Entity Name
CENTURION BROKERAGE, CORP.

Principal Place of Business
7331 SW 24 STREET
SUITE 212B
MIAMI FL 33155

Mailing Address
7331 SW 24 STREET
SUITE 212B
MIAMI FL 33155

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 65-0719617

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

CARRAZANA, DAISY
7331 SW 24 STREET
SUITE 212B
MIAMI FL 33155

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

(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 \$150.00
After MAY 1, 2001 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 PD
NAME CARRAZANA, DAISY
STREET ADDRESS 7331 SW 24 STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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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 my address, with all other I like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90368 004 ***150.00

769347



DO NOT WRITE IN THIS SPACE

0191662

CR2E034 (10/00)

Attachments
Daisy Carrazana

1970000043
769347

May 14th, 2001

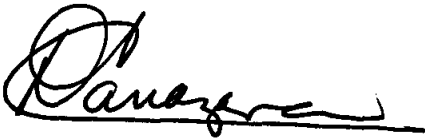
To whom it may concern:

Enclosed please find a check for my corporation renewal and an explanation for the reason why is late.

I have been ill and in bed most of the time for the last few weeks, due to an illness that I have, it's chronic hepatitis c. I do apologize and ask you accept for check for the regular amount.

Thank you in advance,

Sincerely,



Daisy Carrazana
Broker- President
Centurion Brokerage Corp.
7355 SW 24th Street
Miami, Fl 33155