

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011266

1. Entity Name

CENTURY MANAGEMENT GROUP, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90035 019 ***158.75

Principal Place of Business

901 S.W. 69TH AVENUE
 MIAMI FL 33144

Mailing Address

901 S.W. 69TH AVENUE
 MIAMI FL 33144-4730

2. Principal Place of Business

7270 NW 12 St.

3. Mailing Address

7270 NW 12 St.

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

65-0720675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
 5200 BLUE LAGOON DRIVE
 SUITE 700
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: **KEYLA ALBA-REILLY**
 Street Address (P.O. Box Number if Not Acceptable): **7270 NW 12 St. Ste. 410**
 City & State: **Miami FL 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

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, 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	D	<input type="checkbox"/> Delete
NAME	PINO, SERGIO	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, GABRIEL M	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMBERTO, LORENZO	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMANDO, GUERRA	
STREET ADDRESS	901 S.W. 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sergio Pino	
STREET ADDRESS	7270 NW 12 St. Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gabriel Bustamante	
STREET ADDRESS	7270 NW 12 St. Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Garcia	
STREET ADDRESS	7270 NW 12 St. Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Humberto Lorenzo	
STREET ADDRESS	7270 NW 12 St. Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armando Guerra	
STREET ADDRESS	7270 NW 12 St. Suite 410	
CITY-ST-ZIP	Miami, FL 33126	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)