

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021291

1. Entity Name

CENTURY SHOPPING CENTERS, INC.

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

03-20-2000 90035 022 ***158.75

Principal Place of Business

901 SW 69 AVE
MIAMI FL 33144

Mailing Address

901 SW 69 AVE
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

Zip

33126

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0778082

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINO, SERGIO
901 S.W. 69 AVENUE
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

KEYLA ALBA-REILLY

Street Address (P.O. Box Number is Not Acceptable)

7270 NW 12 St., 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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
PINO, SERGIO
901 SW 69 AVE
MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
JOSE CANCELA
7270 NW 12 St, Ste 410
Miami FL 33126 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Armando Guerra
7270 NW 12 St, Ste. 410
Miami, FL 33126 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Gabriel Bustamante
7270 NW 12 St, Ste. 410
Miami, FL 33126 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Humberto Lorenzo
7270 NW 12 St, Ste 410
Miami, FL 33126 ☐ Change ☒ Addition

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

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

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 #

CR 1 034 (9/93)