

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038651

1. Entity Name

AMERICAN CENTURY REALTY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90061 015 ***150.00

Principal Place of Business

Mailing Address

14318 SW 17 STREET
 MIAMI FL 33175

14318 SW 17 STREET
 MIAMI FL 33175-7084

2. Principal Place of Business

9100 S DADELAND BLVD
 PH 1, # 1701
 MIAMI, FL
 33156 USA

3. Mailing Address

9100 S DADELAND BLVD
 PH 1, # 1701
 MIAMI, FL
 33156 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0746489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARMONA, FELIPE
 14318 SW 17 STREET
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name CARMONA, FELIPE
 Street Address (P.O. Box Number is Not Applicable) 9100 S DADELAND BLVD
 PH 1, # 1701
 City MIAMI FL Zip Code 33156

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

FELIPE CARMONA
 PRESIDENT
 (NOTE: Registered Agent signature required when reinstating)

4/19/00
 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	D	<input type="checkbox"/> Delete
NAME	CARMONA, FELIPE	
STREET ADDRESS	14318 SW 17 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, FELIPE	
STREET ADDRESS	9100 S DADELAND BLVD, PH 1, #1701	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 305 656-4930