2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000071720** Feb 10, 2000 8:00 am **Secretary of State** CENTURY STAMPING, INC. 02-10-2000 90037 035 ***150.00 Principal Place of Business Mailing Address 3070 NORTHWEST 75 STREET 3070 NORTHWEST 75 STREET MIAMI FL 33147-5912 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0789776 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'NEAL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3070 NW 75TH ST **MIAMI FL 33147** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PTD ☐ Delete TITLE Change TITLE NAME VALDIVIA, HENRY STREET ADDRESS STREET ADDRESS 3070 NORTHWEST 75 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Change ☐ Addition ☐ Delete TITI F TITLE O'NEIL, ROBERT J NAME STREET ADDRESS STREET ADDRESS 3070 NORTHWEST 75 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** Change □ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2000

905-693-5323

Daytime Phone #

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