

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000077956**1. Entity Name  
CENTRES PA GP, INC.**Principal Place of Business**C/O CENTRES, INC.  
3315 NORTH 124TH STREET SUITE E  
BROOKFIELD  
53005 WI**Mailing Address**C/O CENTRES, INC.  
9130 S. DADELAND BLVD STE 1528  
MIAMI  
33156 FL**2. Principal Place of Business**  
C/O CENTRES INC.Suite, Apt. #, etc.  
9130 S DADELAND BLVD., #1528**3. Mailing Address**  
C/O CENTRES INC.Suite, Apt. #, etc.  
9130 S. DADELAND BLVD STE 1528City & State  
MIAMI FLCity & State  
MIAMI FLZip  
33156 Country  
USZip  
33156 Country  
US4. FEI Number  
**39-1907741**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SHEVIN ARNOLD  
2 DATRAN CENTER, STE 1528  
9130 SOUTH DADELAND BLVD  
MIAMI FL  
33156 US**7. Name and Address of New Registered Agent**Name  
SHEVIN ARNOLD D  
Street Address (P.O. Box Number is Not Acceptable)  
2 DATRAN CENTER, STE 1528  
9130 SOUTH DADELAND BLVD  
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 **ARNOLD D. SHEVIN, SR. VP****02/20/2001**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VST	NENNING MICHELLE M	3315 N 124TH STREET, STE E	BROOKFIELD WI 53005	<input type="checkbox"/>	Delete
D	KARL KENNETH B	9130 S DADELAND BLVD, #1528	MIAMI FL 33156	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VAST	CHARLTON DAVID K	9130 S DADELAND BLVD., #1528	MIAMI FL 33156	<input checked="" type="checkbox"/>	Addition
D	KARL KENNETH B	9130 S DADELAND BLVD, #1528	MIAMI FL 33156	<input checked="" type="checkbox"/>	Addition
				<input type="checkbox"/>	Change
				<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change
				<input type="checkbox"/>	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: DAVID K. CHARLTON****VAST 02/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)