

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90018 019 ***150.00

DOCUMENT # P97000101945

1. Entity Name

CENTRES LAMAR GP, INC.

Principal Place of Business

Mailing Address

CENTRES, INC.
124TH ST. SUITE E
WI 53005

C/O CENTRES, INC.
3315 N 124TH ST. SUITE E
BROOKFIELD WI 53005-3105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

c/o Centres, Inc.
Two Datan Center, Suite 1508
9130 S. Dadeland Blvd. Miami, FL
33156 USA

4. FEI Number **39-1915091**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARL, KENNETH B
TWO DATRAN CENTER, STE. 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156

Name

Arnold D. Shevin

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

Two Datan Center, Suite 1508
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

[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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KARL, KENNETH B	
STREET ADDRESS	9130 S DADELAND BLVD, #1528	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VST	<input type="checkbox"/> Delete
NAME	NENNING, MICHELLE M	
STREET ADDRESS	3314 N. 124TH STREET, STE. E	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002100