

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016134

1. Entity Name

CENTRES ACADIAN GP, INC.

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

05-04-2000 90018 043 ***150.00

Principal Place of Business	Mailing Address
C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WS 53005	C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WS 53005-3105

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	<i>c/o Centres, Inc.</i>
City & State	<i>Two Dattran Center, Suite 1528</i>
Zip	<i>9130 S. Dadeland Blvd. Miami, FL</i>
Country	<i>USA</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number	39-1922728	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHEVIN, ARNOLD D
TWO DATRAN CENTEER #1528
9130 S DADELAND BLVD
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, 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. ☐

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	DP	<input type="checkbox"/> Delete
NAME	KARL, KENNETH B	
STREET ADDRESS	9130 SOUTH DADELAND BLVD., SUITE 1528	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	VST	<input type="checkbox"/> Delete
NAME	NENNIG, MICHELLE M	
STREET ADDRESS	3315 N 124TH ST STE E	
CITY-ST-ZIP	BROOKFIELD WI 53005	

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	<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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #