

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018878

1. Entity Name

CENTURY DISTRIBUTORS GROUP, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90035 020 ***158.75

Principal Place of Business

901 S.W. 69TH AVENUE
 MIAMI FL 33144

Mailing Address

901 S.W. 69TH AVENUE
 MIAMI FL 33144-4730

2. Principal Place of Business

7270 NW 12 St.

3. Mailing Address

7270 NW 12 St.

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

65-0825100

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
 5200 BLUE LAGOON DRIVE
 SUITE 700
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Keyla Alba-Reilly

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

7270 NW 12 St., Suite 410

City

Miami

FL

Zip Code

33126

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

Keyla Alba-Reilly

(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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PINO, SERGIO
 CITY-ST-ZIP 901 S.W. 69TH AVENUE
 MIAMI FL 33144

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VENTO, OSVALDO M
 CITY-ST-ZIP 901 S.W. 69TH AVENUE
 MIAMI FL 33144

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BUSTAMANTE, GABRIEL
 CITY-ST-ZIP 901 S.W. 69TH AVENUE
 MIAMI FL 33144

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS Armando Guerra
 CITY-ST-ZIP 7270 NW 12 St. Suite 410
 Miami, FL 33126

TITLE ☒ Change ☐ Addition
 NAME Director
 STREET ADDRESS Osvaldo Vento
 CITY-ST-ZIP 7270 NW 12 St. Suite 410
 Miami, FL 33126

TITLE ☒ Change ☐ Addition
 NAME Director
 STREET ADDRESS Sergio Pino
 CITY-ST-ZIP 7270 NW 12 St. Suite 410
 Miami, FL 33126

TITLE ☒ Change ☐ Addition
 NAME Director
 STREET ADDRESS Gabriel Bustamante
 CITY-ST-ZIP 7270 NW 12 St. Suite 410
 Miami, FL 33126

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (9/99)