FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98-21179

1. Entity Name
Century Overseas, Inc.

FILED
04 JAN -5 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
785 Crandon Blvd	
Suite, Apt. #, etc. 706	Suite, Apt. #, etc.
City & State Key Biscayne FL	City & State
Zip 33149 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 651012873 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corporate Access, Inc.
Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue
City: Tallahassee FL Zip Code 32303

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. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Moguinay - Robert	NAME	
STREET ADDRESS	785 Crandon Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Key Biscayne FL 33149	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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300027901349
01/30/04--01003--002 **150.00

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #