FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021179

1. Entity Name: Century Overseas Inc.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

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4. FEI Number: 65-1012873 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Corporate Access, Inc.
Street Address (P.O. Box Number is Not Acceptable): 236 East 6 Av.
City: Tallahassee FL Zip Code: 32303

DO NOT WRITE IN THIS SPACE

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	Robert Maquinay	NAME	700014902947
STREET ADDRESS	785 Crandon Blvd. Unit 706	STREET ADDRESS	03/28/03--01028--003 **150.00
CITY-ST-ZIP	Key Biscayne FL. 33149	CITY-ST-ZIP	
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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] March 5/2003 305 361-20.71
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert Maquinay - President