

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90312 016 \*\*\*150.00

DOCUMENT # P98000049020

1. Entity Name  
CENTRE CITY PROPERTIES INC.



Principal Place of Business  
5601 SW 92ND STREET  
CORAL GABLES FL 33156

Mailing Address  
5601 SW 92ND STREET  
CORAL GABLES FL 33156

~00000283



2. Principal Place of Business

5600 HAMMOCK DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

5600 HAMMOCK DRIVE  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
CORAL GABLES - FL  
Zip 33156 Country USA

City & State  
CORAL GABLES FL  
Zip 33156 Country USA

4. FEI Number 65-0841148

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MEYERS, MICHAEL

~~5601 SW 92ND STREET~~ 5600 HAMMOCK DRIVE  
CORAL GABLES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MEYERS, MICHAEL A  
STREET ADDRESS ~~5601 SW 92ND STREET~~ 5600 HAMMOCK DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

1/10/03 305 608-1229  
Date Daytime Phone #

CR2E034 (10/02)