2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000060412**

1. Entity Name
CENTRES CYPRESS GP, INC.

Principal Place of Business	Mailing Address
C/O CENTRES, INC. 3315 NORTH 124TH STREET #E BROOKFIELD WI 53005	C/O CENTRES, INC. 2 DATRAN CTR STE 1528 9130 S DADELAND MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
C/O CENTRES INC.		C/O CENTRES INC.	
Suite, Apt. #, etc.: 9130 S DADELAND BLVD., #1528		Suite, Apt. #, etc.: 9130 S DADELAND BLVD., #1528	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33156	Country: US	Zip: 33156	Country: US

4. FEI Number **39-1935529** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEVIN ARNOLD D
TWO DATRAN CENTER - SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL
33156 US

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 ____________________ 02/26/2001
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) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VST	☐ Delete	TITLE	VAST	☒ Change ☐ Addition
NAME	NENNIG MICHELLE M		NAME	CHARLTON DAVID K	
STREET ADDRESS	3315 N 124TH ST., STE-E		STREET ADDRESS	9130 S DADELAND BLVD., #1528	
CITY-ST-ZIP	BROOKFIELD WI 53005		CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KARL KENNETH B		NAME		
STREET ADDRESS	9130 SOUTH DADELAND BLVD. #1528		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: DAVID K. CHARLTON VAST 02/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #