

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0203757 AV

02-07-2002 90309 022 ***150.00

DOCUMENT # P98000084202

1. Entity Name
CENTER HOLDINGS, INC.

Principal Place of Business

25 SE 2 AVE
 SUITE 1126
 MIAMI FL 33131
 US

Mailing Address

25 SE 2 AVE
 SUITE 1126
 MIAMI FL 33131
 US



DO NOT WRITE IN THIS SPACE

CENTER EXPORT
5171 N. W. 108 Pl.
Miami, FL 33178
Ph. 305-392-8175
Fax 305-392-8176

3. Mailing Address

CENTER EXPORT
5171 N. W. 108 Pl.
Miami, FL 33178

4. FEI Number **65-0866676**

Applied For
 Not Applicable

Country **USA**

Zip

Country **USA**

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

6. Name and Address of Current Registered Agent

DIAS COSTA, TEREZA
25 SE 2 AVE
SUITE 1126
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **DIAS COSTA, TEREZA**
 Street Address **5171 NW 108th Pl**
Miami, FL 33178-3935
 City **MIAMI** FL Zip Code **33178**

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 *Tereza Costa*

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	DIAS COSTA, TEREZA	
STREET ADDRESS	696 FERNWOOD ROAD	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ DE CASTRO, LOPO SR	
STREET ADDRESS	696 FERNWOOD ROAD	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS COSTA, TEREZA	
STREET ADDRESS	5171 NW 108th Pl.	
CITY-ST-ZIP	Miami, FL 33178-3935	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopo Decastro	
STREET ADDRESS	5171 NW 108th Pl	
CITY-ST-ZIP	Miami, FL 33178-3935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tereza Costa*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02 305-301-7005
 Date Daytime Phone #

CR2E034 (9/01)