

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-31-2000 90004 024 ***150.00

DOCUMENT # P99000039372

1. Entity Name
CENTAURO MARKETING & ADVERTISING, CORP.

Principal Place of Business Mailing Address

6555 NW 36 STREET #203 6555 NW 36 STREET #203
 MIAMI FL 33166 MIAMI FL 33166-6900

2. Principal Place of Business 3. Mailing Address

6555 N.W 36th Street #200A **6555 NW 36th Street #200A**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, FL **Miami, FL**

Zip Country Zip Country

33166 **33166** **33166** **33166**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRANADO, MYRIAM T
1540 ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33168

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: YES NO (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD	NAME VALENCIA, GUILLERMO	TITLE	NAME
STREET ADDRESS 930 S.E. 25TH LANE	CITY-ST-ZIP CAPE CORAL FL 33904	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS VD	CITY-ST-ZIP HERNANDEZ, JOHN J	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS SD	CITY-ST-ZIP PEREZ, DANIEL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: **[Signature]** **REQUIRED** Date: **05/01/00** Daytime Phone: **(305) 874-2505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)