

2000 UNIFORM BUSINESS REPORT (UBR)

7/13

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-13-2000 90011 025 ***150.00

DOCUMENT # P99000040302

1. Entity Name

CENTURY ONE INC. REALTORS

Principal Place of Business

82 EAST 45TH STREET
HIALEAH FL 33012

Mailing Address

82 EAST 45TH STREET
HIALEAH FL 33012

2. Principal Place of Business

900 West 49st #420

3. Mailing Address

900 West 49st #420

Suite, Apt. #, etc.

Suite # 420

Suite, Apt. #, etc.

Suite # 420

City & State

HIALEAH Florida

City & State

HIALEAH Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0926225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LLORCA, GUIDO
6620 WEST 2ND COURT
#113
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name L LORCA, GUIDO

Street Address (P.O. Box Number is Not Acceptable)
900 West 49st #420

City HIALEAH

FL

Zip Code
33012

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

GUIDO LLORCA

(NOTE: Registered Agent signature required when reinstating)

7-5-00

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 \$550.00 \$50.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | LLORCA, GUIDO | |
| STREET ADDRESS | 6620 WEST 2ND CT #113 | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LLORCA GUIDO | |
| STREET ADDRESS | 900 West 49st Suite # 420 | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| 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 | | |
| 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-00

Date

305-823-6090

Daytime Phone #

Attachment
D# P99000040302
107677

CENTURY ONE INC. REALTORS
900 WEST 49 ST. Suite # 420
Hialeah Florida 33012
305-823-6090

Florida Department of State.
Division of Corporation
P.O.Box 6327-Tallahassee, Florida 32314

To Whom It May Concern:

Several weeks ago, when I send the check in the amount of \$ 150.00 I have spoken with Your office and this was the amount that I was told to send after my explication.

I had never received the first renewal form, This was send to my mother home, she is blind and it was lost.

The second notice I personally took from the mailbox, all call your office.

I just had two open hart operations in May, I am working very hard to keep this office Open due to the expenses and fees. I hope that your office Wave the extra fee of 400.00

Sincerely.

Guido Llorca

