

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096877

1. Entity Name

CENTENNIAL ATLANTA, INC.

Principal Place of Business

3830 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Mailing Address

3830 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

2. Principal Place of Business

1657 Tyler St.

Suite, Apt. #, etc.

105

3. Mailing Address

P.O. Box 22267

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

Broward

Zip

33022-267

Country

Broward

6. Name and Address of Current Registered Agent

FORMAN, RONERT S ESQ.
2101 WEST COMMERCIAL BOULEVARD
SUITE 4100
FT LAUDERDALE FL 33309

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

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

TITLE: CHR
NAME: SHIMM, KENNETH L ☐ Delete
STREET ADDRESS: 3830 HOLLYWOOD BOULEVARD
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: D
NAME: KANTER, ADAM ☐ Delete
STREET ADDRESS: 3830 HOLLYWOOD BOULEVARD
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: D
NAME: SHIMM, STACEY ☐ Delete
STREET ADDRESS: 3830 HOLLYWOOD BOULEVARD
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: D
NAME: KANTER, STEPHANIE ☐ Delete
STREET ADDRESS: 3830 HOLLYWOOD BOULEVARD
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

4/6/01

954-927-2622
Ext 812