

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90239 033 ***150.00

DOCUMENT # P99000100339

1. Entity Name
CENTAUROS INTERNET MARKETING CONSULTING CORP.

Principal Place of Business
13401 SW 83RD AVENUE
MIAMI FL 33156

Mailing Address
13401 SW 83RD AVENUE
MIAMI FL 33156

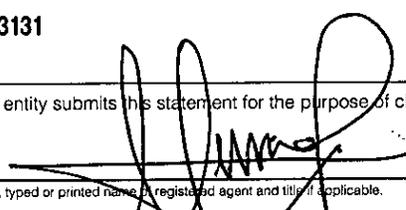


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1002730		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLENNIA CONSULTING SERVICES, INC. 444 BRICKELL AVENUE SUITE 750 MIAMI FL 33131				Name ELISEU S. DE LIMA FILHO			
				Street Address (P.O. Box Number is Not Acceptable)			
				13401 SW 83 AVE			
				City MIAMI		FL	

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  (NOTE: Registered Agent signature required when reinstating) DATE **4/18/2001**

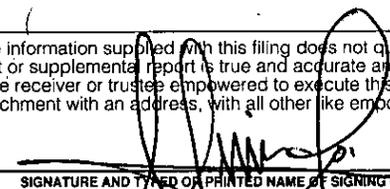
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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 NAME	PD BACCARIN, EDILSON A	<input checked="" type="checkbox"/> Delete	TITLE NAME	PD DE LIMA, ANDERSON C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7560 SW 174 STREET		STREET ADDRESS	13401 SW 83 AVENUE	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	MIAMI - FL-33156	
TITLE NAME	SD FILHO, ELISEU S	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13401 SW 83RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE **4/18/2001** DAYTIME PHONE #

CR2E034 (10/00)