

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P99000104470
Cenam Technologies Corporation

Principal Place of Business

Mailing Address

11401 BOOKER T. WASHINGTON BLVD
MIAMI, FLORIDA 33176-7357

2. Principal Place of Business

3. Mailing Address

AS ABOVE

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1002253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINSTON W. HALE

Name

Street Address (P.O. Box Number is Not Acceptable)

11401 BOOKER T. WASHINGTON BLVD
MIAMI, FLORIDA 33176-7357

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

APRIL 28TH 2000

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, 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 NAME ☐ Delete

NAME OMAR W. HALB

STREET ADDRESS 11401 BOOKER T. WASHINGTON BLVD

CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Delete

NAME WINSTON W. HALE

STREET ADDRESS 11401 BOOKER T. WASHINGTON BLVD

CITY-ST-ZIP MIAMI FLORIDA 33176-7357

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS 300003260263--1

CITY-ST-ZIP -05/19/00--01117--023

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WINSTON W. HALE V.P.

Date

APRIL 28TH 2000

Daytime Phone

305-254-4830

CR-1004 (04/00)