

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED

Jun 07, 2000 8:00 am
Secretary of State

05-04-2000 90018 035 ***150.00

DOCUMENT # P99000105340

1. Entity Name

CENTRES JOHNSON GP. INC.

Principal Place of Business

Mailing Address

C/O CENTRES. INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005

C/O CENTRES. INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005

2. Principal Place of Business

3. Mailing Address

C/O Centres, Inc.

C/O Centres, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Two Datan Center, Suite 1528

City & State 9130 Dadeland Blvd.
Miami, FL

City & State 9130 S. Dadeland Blvd. Miami, FL

Zip 33156

Country USA

Zip 33156

Country USA

4. FEI Number

39-1981069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEVIN, ARNOLD D
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156

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, 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 D
NAME KARL, KENNETH B
STREET ADDRESS 2 DATRAN CENTER S# 1528 9130 S DADELAND BL
CITY-ST-ZIP MIAMI FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME MICHELLE B. N. BENNIG
STREET ADDRESS 3315 NORTH 124 ST., SUITE E
CITY-ST-ZIP BROOKFIELD, WI 53005

☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #