

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91189 028 ***158.75

DOCUMENT # 99000108214

1. Entity Name

FLORIDA'S CENTURY 21 Project, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6400 W. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28

City & State

City & State

MARGATE - FLORIDA

4. FEI Number

65-0999586

☒

Applied For

Not Applicable

Zip

Country

Zip

Country

33063

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BIANCA FAUDEL

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

6400 W ATLANTIC BLVD

City

MARGATE - FLORIDA

FL

Zip Code

33063

**DO NOT WRITE
IN THIS SPACE**

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.

BIANCA FAUDEL

(NOTE: Registered Agent signature required when reinstating)

April 29/02

DATE

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

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BIANCA FAUDEL 6400 W ATLANTIC BLVD MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HAROLD FAUDEL 6400 W ATLANTIC BLVD MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESCALON & DOMINGUEZ LTDA CAJE 81 # 20-03 BOGOTA - COLOMBIA
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/02

Date

Daytime Phone #

CR2E034B (12/01)