

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

3/1

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

03-14-2002 90308 034 ***150.00

DOCUMENT # **559203**

1. Entity Name **CENTENNIAL INTERIORS CORP.**

24353

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 NW 39 ST

3. Mailing Address
2500 NW 39 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL**

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4. FEI Number **65-0269099**

Applied For
Not Applicable

Zip **33142** Country **USA**

Zip **33142** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARY MAGUIRE**

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

2500 NW 39 ST

City **MIAMI**

FL

Zip Code **33142**

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)

4/09/02
DATE

9. This corporation is eligible to satisfy its filing requirements by filing this report and elects to do so.
(See criteria on back) ☐

**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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DIRECTOR**
NAME **PETER FEDELE**
STREET ADDRESS **5800 SUNCREST DRIVE**
CITY-STATE-ZIP **MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DIRECTOR**
NAME **HOWARD GERSHUNY**
STREET ADDRESS **3412 MANHATTAN AVE**
CITY-STATE-ZIP **MANHATTAN BEACH, CA 90266**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DIRECTOR**
NAME **MARY MAGUIRE**
STREET ADDRESS **3015 EMERALDA ST**
CITY-STATE-ZIP **COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DIRECTOR**
NAME **JOHN FEDELE**
STREET ADDRESS **5800 SUNCREST DRIVE**
CITY-STATE-ZIP **MIAMI FL 33156**

TITLE
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CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY F MAGUIRE

2/20/02

305-633-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)