

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90222 044 ***158.75

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DOCUMENT # V53589

1. Entity Name

CENPRO IMPORT & EXPORT CORPORATION



Principal Place of Business

~~13380 SW 131 ST~~

~~#118~~

~~MIAMI FL 33186~~

Mailing Address

~~13380 SW 131 ST~~

~~#118~~

~~MIAMI FL 33186~~

2. Principal Place of Business

10500 SW 98 street

3. Mailing Address

10500 SW 98 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0347179

Applied For

Not Applicable

Zip

33176

Country

US

Zip

33176

Country

US

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRILAUSCAS, RICARDO

~~13380 SW 131 ST~~

~~#118~~

~~MIAMI FL 33186-5857~~

New address →

7. Name and Address of New Registered Agent

Name

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

10500 SW 98 Street

City

MIAMI

FL

Zip Code

33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete

NAME **KIRILAUSCAS, RICARDO**
STREET ADDRESS **13380 SW 131 ST- #118**
CITY-ST-ZIP **MIAMI FL 33186-5857**

New Address →

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **10500 SW 98 Street**
STREET ADDRESS **MIAMI, FL**
CITY-ST-ZIP **33176**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 (305) 253-4949
Date Daytime Phone #

CR2E034 (10/02)