

## Federal Deposit Insurance Corporation Washington, D.C. 20429

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

## (PLEASE PRINT OR TYPE ALL RESPONSES)

OMB APPROVAL OMB NUMBER: 3064-0030 EXPIRES: 01/31/2020 Estimated average burden hours per response ...1.0

1. Name of Reporting Person (Last, First, Middle)*			2. Date of Event Requiring Statement (Month/Day/Year)	4. Issuer Name and Ticker or Trading Symbol					
Collazo, Andres			07/22/2021	U.S. Century Bank [USCB]					
Street Address C/O U.S. Century Bank 2301 N.W. 87th Avenue			<ol> <li>IRS Identification Number of Reporting Person, if an Entity (Voluntary)</li> </ol>	<ul> <li>5. Relationship of Reporting Person to Issuer (Check all applicable)</li> <li>Director</li> <li>Officer (give title below)</li> <li>Other (Specify below)</li> <li>Executive Vice President and Director of</li> </ul>				<ol> <li>If Amendment, Date Original Filed (Month/Day/Year)</li> <li>Individual or Joint/Group Filing (Check Applicable Box)</li> <li>Form filed by One Reporting Person</li> </ol>	
City State ZIP Code		-							
				Operations and I				Form filed by More than One Reporting Person	
Miami	Florida	33172							
			Table I - Non-Der	ivative Securities	s Beneficially	v Owned			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Direct (D) o (Instr. 5)	Form: or Indirect (I)		4. Nature of Ir (Instr. 5)	ndirect Beneficial Ownership	
FDIC 6800/03 (10-05)	Rem		ort on a Separate Line for each he form is filed by more than o					ctly. (Continue on Page 2) Page 1 of 2	

\*If the form is filed by more than one reporting person, see Instruction 5(b)(v).

## FORM 3 (continued)

<ol> <li>Conversion or Exercise Price of</li> <li>Ownership Form of Derivative</li> </ol>	
Security Direct (D)	<ol> <li>Nature of Indirect Beneficial Ownership (Instr. 5)</li> </ol>
\$7.50 D	
	Price of Derivative Securities: Security Direct (D) or Indirect (I) (Instr. 5)

Explanation of Responses:

(1) These options became exercisable in three equal annual installments. The first installment became exercisable on April 25, 2017, and the next two installments became exercisable on April 25, 2018 and April 25, 2019. An option remains exercisable until the earlier of (a) ten (10) years after its date of grant (4/25/2016) or (b) three (3) months after the date the Reporting Person ceases to be employed by the Issuer.

(2) By: Robert Anderson pursuant to power of attorney filed herewith.

/s/ Andres Collazo (2)

7/22/2021

\*\*Signature of Reporting Person

Date

NOTE: File three copies of this Form, one of which must be manually signed. If the space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611). Potential persons who are to respond to the collection of information contained on this form are not required to respond unless the form displays a current, valid OMB Control Number. \*\*Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

## BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control.

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