

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53078

1. Entity Name

PROVIDENT REALTY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90014 039 ***150.00

Principal Place of Business

Mailing Address

3880 SHERIDAN STREET
 HOLLYWOOD FL 33021

3880 SHERIDAN STREET
 HOLLYWOOD FL 33021-3634

2. Principal Place of Business

3868 SHERIDAN ST

3. Mailing Address

3868 Sheridan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

Hollywood FL

4. FEI Number

59-2149275

Applied For

Not Applicable

Zip

Country

33021 USA

Zip

Country

33021 USA

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

MURPHY, JOHN
 4600 SHERIDAN STREET, STE 401
 HOLLYWOOD FL 33021

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 Delete
 NAME P
 STREET ADDRESS COMPAGNONE, ANTHONY
 CITY-ST-ZIP 3862 SHERIDAN STREET
 HOLLYWOOD FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ST
 STREET ADDRESS HILL, DOROTHY, M.
 CITY-ST-ZIP 3862 SHERIDAN STREET
 HOLLYWOOD FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Compagnone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000

Date

954832111

Daytime Phone #

CR2E034 (9/99)