

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-16-2001 90252 041 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110982

1. Entity Name

OLD PROVIDENCE OF SOUTH BEACH CORPORATION

Principal Place of Business

Mailing Address

701 BRICKELL AVENUE, STE. 3000
MIAMI, FLORIDA 33131

701 BRICKELL AVENUE, STE. 3000
MIAMI, FLORIDA 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1059923

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Intrastate Registered Agent Corporation
701 Brickell Avenue
Suite 3000
Miami, Florida 33131

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!! FEES \$150.00
AFTER MAY 1, 2001 Fee will be \$350.00
(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 P.D
NAME JAMES R. MCLEAN Delete
STREET ADDRESS c/o Steven H. Hagen, Esq.
CITY-ST-ZIP 701 Brickell Avenue, Ste. 3000
Miami, Florida 33131

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME STEVEN H. HAGEN Delete
STREET ADDRESS 701 Brickell Avenue, Ste. 3000
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
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NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
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)(l), 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 and address, with all other like empowered

SIGNATURE: JAMES R. MCLEAN

April 23, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)