

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109081

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90252 042 \*\*\*158.75

**1. Entity Name**

OLD PROVIDENCE OF FLORIDA CORPORATION

**Principal Place of Business**

901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES, FL 33134

**Mailing Address**

901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES, FL 33134

**2. Principal Place of Business**

2127 Brickell Ave

Suite, Apt. #, etc.

Apartment 1902

**3. Mailing Address**

701 BRICKELL AVENUE

Suite, Apt. #, etc.  
 STE. 3000

DO NOT WRITE IN THIS SPACE

**City & State**

Miami, Florida

**City & State** MIAMI, FLORIDA

**4. FEI Number**

65-1088808

**Applied For**

Not Applicable

**Zip**

33129

**Country**

USA

**Zip**

33131

**Country**

**5. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MCLEAN, JAMES R.  
 901 Ponce de Leon Blvd., Ste. 603  
 Coral Gables, Florida 33134

**7. Name and Address of New Registered Agent**

**Name**

INTRASTATE REGISTERED AGENT CORPORATION

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

701 Brickell Avenue, Ste. 3000

**City**

Miami

**FL**

**Zip Code**

33131

**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.**

INTRASTATE REGISTERED AGENT CORPORATION

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Steven H. Hagen, VP

**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 11, 2000 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**

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 #