

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000109081

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: OLD PROVIDENCE OF FLORIDA CORPORATION

Current Principal Place of Business:

2127 BRICKELL AVE
APT. 1902
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE
SUITE 3000
MIAMI, FL 33131

New Mailing Address:

C/O J.R. MCLEAN
NINE ISLAND AVENUE, STE 401
MIAMI BEACH, FL 33139

FEI Number: 65-1088808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCLEAN, JAMES R PD
NINE ISLAND AVENUE
SUITE 401
MIAMI BEACH, FL 33139

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: JAMES R. MCLEAN

04/25/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLEAN, JAMES R
Address: 701 BRICKELL AVE., STE. 3000
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: HAGEN, STEVEN H
Address: 701 BRICKELL AVE., STE. 3000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCLEAN, JAMES R
Address: NINE ISLAND AVENUE, STE 401
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. MCLEAN

PD

04/25/2002

Electronic Signature of Signing Officer or Director

Date