

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

Due May 1 -
man 2 FILED prior
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 633245

1. Entity Name
VIEILLE PROVENCE, INC.



Principal Place of Business
**710 SW 9TH TERR
FORT LAUDERDALE, FL 33315**

Mailing Address
**710 SW 9TH TERR
FORT LAUDERDALE, FL 33315**



02062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1938941

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DALE, CHARLES S JR
414 NE 4 STREET
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BEAUNE, DONALD
STREET ADDRESS	700 SW 9TH TERR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,
TITLE	VD
NAME	KOOPERMAN, LEONARD
STREET ADDRESS	700 SW 9TH TERR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000222496
02/10/05-80003-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Beaune Feb 7/05

Date

Daytime Phone #

954.764.8773