FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am F53078 DOCUMENT # Secretary of State 1. Entity Name 01-31-2002 90182 035 ***150 00 PROVIDENT REALTY, INC. Principal Place of Business Mailing Address 3868 SHERIDAN ST 3880 SHERIDAN ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 us 3. Mailing Address 2. Principal Place of Business 3880 SHERIDANST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2149275 WOOD 4066 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN MURPH MURPHY, JOHN 4600 SHERIDAN STREET, STE 401 HOLLYWOOD FL 33021 HOCUIWOOD 8. The above named entity submits this statement for the purpose of changing its registered office o gent, or both, in the State of Florida. JOHN MULDHY Signature, typed or printed name of registered agent and title if applicable (NOTE: Registéred FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE COMPAGNONE, ANTHONY 3880 SHERIDAN ST HOCKYWOOD, FL. 33021 COMPAGNONE, ANTHONY NAME NAME 3862 SHERIDAN STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR