2001 UNIFORM BUSINESS REPORT (URR)

DOCUMENT # L0000007176							00439	
1. Entity Name PROWERK CONSULTING GROUP, LLC					FILED			
					01 APR 13 PM 5:	nn		
Principal Place of Business Mailing Address								
343 ALMERIA CORAL GABL	AVENUE. SUITE 606 ES FL 33134	343 ALMERIA AVENUE, SUITE 606 CORAL GABLES FL 33134			SECRETARY OF STATE TELLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt.	#, etc. 5 SARASOTA COURT	Suite, Apt. #, etc.	P.O. Box 100549		DO NOT WRITE IN THIS SPACE			
CAPE CORAL, FL		CAPE CORAL, FL			Number 5-1017544	Applied For Not Applicable		
-3390	Country - U.S.A	-3.3.9-1.0	Country	5. Cer		\$5.00 Additional Fee Required	9-4	
	6. Name and Address of Current R		Nama	7. Nan	ne and Address of New Registered A	Agent		
SPIEGEL & UTRERA, P.A.								
343 ALMERIA AVENUE				Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134								
			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								
							ı	
FILE NOW!!! Make Check Payable (•				
9.	MANAGING MEMBER	L RS/MEMBERS	10.		ADDITIONS/CHANGES		_	
TITLE NAME	MGR FECHT, ROBERT C	☐ Delete	TITLE NAME	HGR-C	PERNTING	Change	2E083 (11/00)	
STREET ADDRESS	343 ALMERIA AVENUE, SUITE 606	ŀ	STREET ADDRESS	FECH 1,	ROBERT C ARASOTA COURT		83 (1	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	CAPE	CRAL FL 3390	<u>7</u> Channa □ Addition	32E0	
TITLE NAME	MGR Costanzo, Joseph J III	∟ Delete	TITLE NAME	COSTAN	ce operating zo, joseph J III	Change Addition	5	
STREET ADDRESS CITY-ST-ZIP	343 ALMERIA AVENUE, SUITE 606 CORAL GABLES FL 33134		STREET ADDRESS CITY-ST-ZIP	5215 S	ARASOTA COURT	4		
TITLE	MGR	☐ Dēlētē	TITLE	HGR - UK	E OPERATING	Change Addition		
NAME STREET ADDRESS	ZENICK, BENJAMIN S 343 ALMERIA AVENUE, SUITE 606		NAME STREET ADDRESS	ZENICK	BENJAMIN S ARASOTA COURT			
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	CAPE				
TITLE NAME	,	☐ Delete	. TITLE NAME		000004037	Change Addition		
STREET ADDRESS			STREET ADDRESS		-04/23/010	11009018	i	
CITY-ST-ZIP	<u> </u>	□ Delete	CITY-ST-ZIP	<u> </u>	*****5.00	********5.00〕 □ Change □ Addition		
NAME 4		□ Delete	NAME		000004037	1		
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP		047237010	:1009019	1	
TITLE		☐ Delete	TITLE		******50,00	→ → → → → □ □ □ □ □ □ Change □ Addition		
STREET ADDRESS			NAME, STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZZED REPRESENTATIVE Date Date Date Dayling Phone #								