

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90017 019 ***150.00

0245088 AV

DOCUMENT # L97551

1. Entity Name
PRO-VEST CAPITAL CORPORATION

Principal Place of Business

Mailing Address

~~3051 S.W. 77TH CT~~
~~MIAMI FL 33155~~
~~US~~

~~3051 S.W. 77TH CT~~
~~MIAMI FL 33155~~
~~US~~

141000



2. Principal Place of Business

3. Mailing Address

8567 Coral Way
Suite, Apt. #, etc.
134

8567 Coral Way
Suite, Apt. #, etc.
134

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country

Zip

33155

Country

4. FEI Number 65-0221659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONTANILLS, GEORGE

~~3051 S.W. 77TH CT~~
~~MIAMI FL 33155~~

Name

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

8567 Coral Way
Suite # 134

City

Miami

FL

Zip Code

33155

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 and/or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/02

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 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FONTANILLS, GEORGE
3051 S.W. 77TH CT
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FONTANILLS, GEORGE
8567 CORAL WAY, #134
MIAMI, FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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 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

Date

Daytime Phone #

3/8/02

305-968-3054

CR2E034 (9/01)