

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003359

1. Entity Name
PROVIDENCE CAPITAL L.C.

FILED

00 JAN 14 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
340 HARBOR DRIVE
KEY BISCAYNE FL 33149

Mailing Address
340 HARBOR DRIVE
KEY BISCAYNE FL 33149-1220

2. Principal Place of Business
701 Brickell ave
Suite, Apt. #, etc.
Suite 1480
City & State
Miami FL

3. Mailing Address
701 Brickell ave
Suite, Apt. #, etc.
Suite 1480
City & State
Miami FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0927687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTON, JOHN O
2655 LEJEUNE RD., PH II
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CALLE, NELSON
340 HARBOR DRIVE
KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
ORREGO, CARLOS
1925 BRICKELL AVE., APT. D-612
KEY BISCAYNE FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
100003105701--0
-01/21/00--01016--003
*****50.00 *****50.00

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

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

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CITY- ST- ZIP
☐ Change ☐ Addition

11. 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 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:

Carlos Orrego
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10/01/00
Date

305.374.4999
Daytime Phone #