

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90141 045 ***158.75

DOCUMENT # **M29806**

1. Entity Name
PROVOST & PARTNERS, INC.

Principal Place of Business

75 SW 15 ROAD
 MIAMI FL 33129-1101

Mailing Address

75 SW 15 ROAD
 MIAMI FL 33129-1101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2663397**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

TAGLAIRINO, J. ROBERT
75 S.W. 15TH ROAD
MIAMI FL 33129

Name

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

City

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 re-registering)

Date

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, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE Delete
 NAME **PD TAGLAIRINO, J. ROBERT**
 STREET ADDRESS **3644 S.W. THIRD AVE.**
 CITY-STATE-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **D TYGIELSKI, JASON**
 STREET ADDRESS **2831 N.E. 21st Terrace**
 CITY-STATE-ZIP **Lighthouse Point, FL 33064**

TITLE Delete
 NAME **SD GUERRERO, LILLIAN**
 STREET ADDRESS **3515 SW 1 AVE**
 CITY-STATE-ZIP **MIAMI FL 33145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME **TD CANTERO, ADRIANA**
 STREET ADDRESS **1951 SW 16 TERR**
 CITY-STATE-ZIP **MIAMI FL 33145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME **D DELANEY, SEAN**
 STREET ADDRESS **2801 NE 21 TERR**
 CITY-STATE-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME **D HEINZ, PETER**
 STREET ADDRESS **2641 REGALIA WAY**
 CITY-STATE-ZIP **COOPER CITY FL 33026**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME **D PERRY, AARON**
 STREET ADDRESS **5133 N BAY ROAD**
 CITY-STATE-ZIP **MIAMI BEACH FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

William Provost

4/17/01

Date

Typed Name

CR2E036 (10-00)