

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

Zip

Country

Zip

Country

4. FEI Number **59-2663397**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAGLAIRINO, J. ROBERT	
STREET ADDRESS	3644 S.W. THIRD AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUERRERO, LILLIAN	
STREET ADDRESS	3515 SW 1 AVE	
CITY-STATE-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANTERO, ADRIANA	
STREET ADDRESS	1951 SW 16 TERR	
CITY-STATE-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, SEAN	
STREET ADDRESS	2801 NE 21 TERR	
CITY-STATE-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEINZ, PETER	
STREET ADDRESS	2641 REGALIA WAY	
CITY-STATE-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, AARON	
STREET ADDRESS	5133 N BAY ROAD	
CITY-STATE-ZIP	MIAMI BEACH FL 33140	

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYGIELSKI, JASON	
STREET ADDRESS	2831 N.E. 21st Terrace	
CITY-STATE-ZIP	Lighthouse Point, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DATE

CR20034 (10-00)