2002	UNIFORM	BUSINESS	REPORT	(UBR

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DOCU	JMENT # M337 8								
PROVIDENT CAPITAL CORPORATION						FILED			
Principal Plans of Project						02 NOV 18 PW 12: 51			
3475 SHERIDAN STREET		Mailing Address 3475 SHERIDAN STREET STE. 206			SECRETATE OF STATE DATAMENTAL DESCRIPTION OF STATE				
HOLLYWOOD FL 33021 US		HOLLYWOOD FL 33021				Ili biri biri biri birik biri			
2. Principal Place of Business		3. Mailing Address		\dashv	-{				
Suite, Apt. #, etc. Suite, Apt. #, etc						DO NOT WRITE IN THIS SPACE			
City & Sta	tte	City & State		4.	4. FEI Number 59-2683467 Applied For Not Applicable				
Zip	Country-	Zip	Coun	try	5.	Certificate of Status Desired	\$8.75 Ac	ditional	
	6. Name and Address of Current F	egistered Agent			7. 	Name and Address of New Regis			
	HOLLYVIOUS FL 03621			Name /	7.	d	1		
	BRYANT DELL'EL COMMENT	i,		Street Address /P.O. Box Number is Not Acceptable)					
	eridan street, ste. 206			Street Address (P.O. Box Number is Not Acceptable). Stre. 206				206	
HOLLYW	OÕD FL 33021								
				City H	the // Zipcode			te ,	
8. The above	e named entity submits this statement for	the purpose of changing its r	. egistere	ed office or regi	or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligat	tions of registered agent.	,	- 9 .0.0.	a smoo or rog.	ioioroa ag	one, or board, in the state of a longe	c rammammarwigh	, and accept	
SIGNATURE	Sugar a. C.	Valres				ク -	24-02		
S/G/T/ / O//L	Signature, typed or printed name of registered agent an		Registered	Agent signature rec	quired when re		DATE		
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!!	FEE	IS \$550.00 ×	e to seemed to the				
Tax filing requirement and elects to do so. After September 13						 Election Campaign Finance Trust Fund Contribution. 	~ _ Ψυ.,	00 May Be	
(See criteria on back)		Make Check Payable to Department of State							
TITLE	OFFICERS AND D	Delete	12.		AD	DITIONS/CHANGES TO OFFICER			
NAME	FRAVEL, BRYANT D	Delete	, TITLE NAME		:		☐ Change	Addition	
STREET ADDRESS	3475 SHERIDAN STREET, STE. 20	6		T ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021	•		ST-ZIP					
TITLE	Programme and the state of	☐ Delete	TITLE	Ĉ.	EO,	P	□ enange	Addition	
NAME	ZEIN, MIKE		NAME	2	eiN,	Mike Sheridan Sts			
STREET ADDRESS	3475 SHERIDAN STREET, STE. 20	6		T ADDRESS 3.4	475	Sheridan Sts	y. 200	ļ	
CITY-ST-ZIP TITLE	HOLLYWOOD FL 33021			ST-ZIP Ha	0//4	SUSON Ann	21		
NAME	S Walker, Susan Anne	☐ Delete	TITLE NAME	111	BULL	SUSON Ann	e Change	☐ Addition	
STREET ADDRESS	3475 SHERIDAN STREET, STE. 20	6	1	TADDRESS 34	475	Sheridan St.	500.206		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-			Wood, F1 33			
TITLE		☐ Delete	TITLE		,		Change	☐ Addition	
NAME :			NAME		1	1/18/020109201	1550 2 **750.00	n	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP :		17 10/02 01032-01	c **!5U.U	U	
TITLE		Delete	TITLE	31-217 /			П съ		
NAME		□ Delete	NAME				Change	Addition	
STREET ADDRESS		, dansertanski medi <u>n</u>	STREE	T ADDRESS .		garan da ang kananan da ang kananan Mananan da ang kananan da ang kanan	7	44 7 37 (84)	
CITY-ST-ZIP			CITY-S	ST-ZIP		TATEMENT	$\cup \cup$		
TITLE		☐ Delete	TITLE	A STATE		SAS WAR		Addition	
NAME Street Address			NAME	T ADDRECC					
CITY-ST-ZIP			CITY-S	TADDRESS ST-ZIP				0	
13. Thereby o	certify that the information supplied with the	is filing does not qualify for th			Contine 1	10.07(2)(i). Elorido Chabara - 16 ano			

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.

GNATURE:

7-24-02

954-986-7848

SIGNATURE: