

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006279

1. Entity Name

PROVIDENCE FELLOWSHIP INTERNATIONAL, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90021 037 ****70.00

Principal Place of Business

9958 RAMBLEWOOD DRIVE
CORAL SPRINGS FL 33071

Mailing Address

9958 RAMBLEWOOD DRIVE
CORAL SPRINGS FL 33071-6506

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-095-7847

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREMIER MANAGEMENT
1437 N.E. 4TH AVENUE
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

SAME

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PETIT-FRERE, PIERRE E
STREET ADDRESS 9958 RAMBLEWOOD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE VTD
NAME PETIT-FRERE, MARIE J
STREET ADDRESS 9958 RAMBLEWOOD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE SD
NAME PETIT-FRERE, ISAAC
STREET ADDRESS 9958 RAMBLEWOOD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pierre E. Petit-Frere, Pres. 2/10/00 (954) 728-9594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)