5/1/

FILED
May 22, 2001 8:00 am
Secretary of State
05-01-2001 90071 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011794

1. Entity Name
PROVA PROPERTIES INC.

Principal Place of Business	Mailing Address
12539 CRAYFORD AVENUE ORLANDO FL 32837	12539 CRAYFORD AVENUE ORLANDO FL 32837

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3622189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARIENTE, CESAR
12539 CRAYFORD AVENUE
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name SAME (NO CHANGE)
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO CESAR PARIENTE 12539 CRAYFORD AVE ORLANDO FL 32837	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" NONE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" NONE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" NONE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" NONE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" NONE	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

CR2E034 (10/00)

13. 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.

SIGNATURE: Cesar Pariente 4/23/01 (407) 928-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #