

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109081

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90252 042 ***158.75

1. Entity Name

OLD PROVIDENCE OF FLORIDA CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD.
 SUITE 603
 CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
 SUITE 603
 CORAL GABLES, FL 33134

2. Principal Place of Business

2127 Brickell Ave

Suite, Apt. #, etc.

Apartment 1902

3. Mailing Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.
 STE. 3000

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State MIAMI, FLORIDA

4. FEI Number

65-1088808

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33131

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, JAMES R.
 901 Ponce de Leon Blvd., Ste. 603
 Coral Gables, Florida 33134

7. Name and Address of New Registered Agent

Name

INTRASTATE REGISTERED AGENT CORPORATION

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

701 Brickell Avenue, Ste. 3000

City

Miami

FL

Zip Code

33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Steven H. Hagen, VP

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 11, 2000 Fee will be \$350.00

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 P.D.
 NAME JAMES R. MCLEAN
 STREET ADDRESS c/o Steven H. Hagen, Esq.
 CITY-ST-ZIP 701 Brickell Avenue, Ste. 3000
 Miami, Florida 33131

TITLE S
 NAME STEVEN H. HAGEN
 STREET ADDRESS 701 Brickell Avenue, Ste. 3000
 CITY-ST-ZIP Miami, Florida 33131

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 and address, with all other like empowered.

SIGNATURE

JAMES R. MCLEAN

April 23, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #