

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90080 024 ***150.00

DOCUMENT # P01000047927
1. Entity Name
 National Provisions

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1630 NW 70th Ave		3. Mailing Address 1630 NW 70th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip	Country	Zip	Country
		33126	USA

B0061721

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1106447		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name: Babbitt, Scott		
	Street Address (P.O. Box Number is Not Acceptable) 1630 NW 70th Ave		
	City	State	Zip Code
	Miami	FL	33126

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	President, Director George Bell		
STREET ADDRESS	17130 Coral Cove Way	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
	Director Ralph Singer		
STREET ADDRESS	3855 Landings Drive	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: _____ **3/27/02** **305-592-0300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)