

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # : P01000086912

1. Entity Name

PROVENCE & COMPANY, INC.

Principal Place of Business

888 S.E. 3RD AVENUE, SUITE 400
FORT LAUDERDALE FL 33316

Mailing Address

888 S.E. 3RD AVENUE, SUITE 400
FORT LAUDERDALE FL 33316

96369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2831 N Oakland Forest Dr.
Suite, Apt. #, etc.
308

3. Mailing Address

2831 N Oakland Forest Dr.
Suite, Apt. #, etc.
308

City & State

Fort Lauderdale
FL 33309

City & State

Fort Lauderdale
FL 33309

4. FEI Number

65-1135495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

BEHAR, LARRY J P.A.

888 S.E. 3RD AVENUE, SUITE 400
FORT LAUDERDALE FL 33316

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, 2002 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	D BENKIMOUNE, PAULINE 888 S.E. 3RD AVENUE, SUITE 400 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENKIMOUNE, EMILE 888 S.E. 3RD AVENUE, SUITE 400 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENKIMOUNE, MADELINE 888 S.E. 3RD AVENUE, SUITE 400 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24 02 (94) 735 4141
Date Signature Phone

CR2E034 (9/01)

Provence and Company
1585 NE, 49 Street
OAKLAND PARK - FL 33334

Attachment
96369

00100086912

FLORIDA DEPT OF
STATE

To Katherine HARRIS
Secretary Of State

PO BOX 6327
TALLAHASSEE - FL 32314

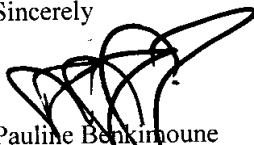
RE : FEI Number & modification address

Dear Mrs Harris,

As per you request please find our FEI number and our new address

Provence and Company
1585 NE, 49 St
OAKLAND PARK - FL 33334
Tel / Fax : 954-489 24 19

Sincerely



Pauline Benkimoune
Provence and Company