FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90128 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086912

1. Entity Name
PROVENCE & COMPANY, INC.

11029361

Principal Place of Business	Mailing Address
4831 N OAKLAND FOREST DR 308 FORT LAUDERDALE, FL 33309	4831 N OAKLAND FOREST DR 308 FORT LAUDERDALE, FL 33309

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1585 N.E. 49 Street.	1585 NE, 49 Street.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK.	City & State: OAKLAND PARK
Zip: FL 33334 Country: USA.	Zip: FL 33334 Country: USA

4. FEI Number: 65-1135495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEHAR, LARRY J P.A. 888 S.E. 3RD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316	Name 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENKIMOUNE, PAULINE 888 S.E. 3RD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENKIMOUNE, EMILE 888 S.E. 3RD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENKIMOUNE, MADELINE 888 S.E. 3RD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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: Pauline D. BENKIMOUNE Apt. 28. (954) 489 2419.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #