

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077942

1. Entity Name

PROVINCIAL SOUTH, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90064 038 ***150.00

Principal Place of Business

792 NE 45 STREET
FT LAUDERDALE FL 33334
US

Mailing Address

792 NE 45 STREET
FT LAUDERDALE FL 33334-3250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0531905

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

GOCKERELL, DARRICK
1291 SW 30TH AVE
FT LAUDERDALE FL 33312

Name GOCKERELL, DARRICK

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

420 S.E. 7AVE

City Pompano Bch

FL

Zip Code 33060

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVT
NAME GOCKERELL, DARRICK
STREET ADDRESS 1291 SW 30TH AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE DC/P
NAME GOCKERELL, DARRICK
STREET ADDRESS 420 SE 7AVE
CITY-ST-ZIP Pompano Bch, FL 33060 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V/T
NAME RIVERO, FRANCISCO
STREET ADDRESS 2165 NW 19 TERR
CITY-ST-ZIP Miami, FL 33125 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

954-202-2022

Date

Daytime Phone #

CR2E034 (9/99)