

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047208

1. Entity Name

PROVENDERS INTERNATIONAL CORPORATION

FILED**May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90060 045 ***158.75

Principal Place of Business	Mailing Address
6190 WOODLANDS BOULEVARD, SUITE 117 TAMARAC FL 33319	6190 WOODLANDS BOULEVARD, SUITE 117 TAMARAC FL 33319-2504

2. Principal Place of Business	3. Mailing Address
7708 Margate BLV Suite, Apt. #, etc. 10-4 City & State Margate FL.	7101 Sportsman Dr. Suite, Apt. #, etc. City & State N. Lauderdale FL.
Zip 33063 Country Broward	Zip 33068 Country Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0672111	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MICHALSKI, IRIS
6190 WOODLANDS BLVD.
STE. 117
TAMARAC FL 33319

7. Name and Address of New Registered Agent

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.

SIGNATURE Fernando A. Valencia VSD. Fernando A. Valencia VSD. 04-11-00
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	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHALSKI, IRIS	NAME	
STREET ADDRESS	6190 WOODLANDS BOULEVARD, SUITE 117	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENCIA, FERNANDO A	NAME	
STREET ADDRESS	6190 WOODLANDS BOULEVARD, SUITE 117	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 empowered.

SIGNATURE: Fernando A. Valencia VSD 04-11-00 954-722-0934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)