

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90081 032 ***150.00

DOCUMENT # P96000047208

1. Entity Name

PROVENDERS INTERNATIONAL CORPORATION

Principal Place of Business

**7708 MARGATE BLVD
 10-4
 POMPANO BEACH FL 33063**

Mailing Address

**7101 SPORTSMAN DRIVE
 POMPANO BEACH FL 33068**

2. Principal Place of Business

3. Mailing Address
7708 Margate Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
10-4

City & State

City & State
Margate FL

Zip

Country

Zip
33063 Country
USA

4. FEI Number **65-0672111**

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

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

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

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
MICHALSKI, IRIS ☒ Delete
6190 WOODLANDS BOULEVARD, SUITE 117
TAMARAC FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD ☐ Delete
VALENCIA, FERNANDO A
6190 WOODLANDS BOULEVARD, SUITE 117
TAMARAC FL 33319

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

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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-22-01 954-9754639

CR2E034 (10/00)