

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 8:00 am**
Secretary of State

04-25-2000 90134 013 ***150.00

DOCUMENT # P97000035938

1. Entity Name

PROVENCE LIVING, INC.

Principal Place of Business

Mailing Address

SE 7TH AVE. APT 103
FL 330041021 SE 7TH AVE. APT 103
DANIA FL 33004-5338**C0073187**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10300 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

260

City & State

City & State
MIAMI, FLORIDA

4. FEI Number

65-0753723

Applied For

Not Applicable

Zip

Country

Zip
33173-3014

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

THIBEAUT, JEAN-PIERRE
1021 SE 7TH AVE, APT 103
DANIA FL 33004

7. Name and Address of New Registered Agent

Name **JULIO A. BENITEZ, EA.**

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

10300 SUNSET DRIVE - SUITE 260City **MIAMI****FL**Zip Code
33173

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

4/19/20009. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THIBEAUT, JEAN-PIERRE	
STREET ADDRESS	1021 SE 7 AVE APT 307	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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 address, with all other like empowered.

SIGNATURE:**J.P. THIBEAUT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/18/00

Daytime Phone #