2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90470 009 ***150.00

DOCUMENT # P97000037605

1. Entity Name
PROVIDENCE INSURANCE SERVICES, INC.
PROVIDENCE SERVICES INC.

Principal Place of Business
11812 SW 103 LANE
FL 33186

Mailing Address
11812 SW 103 LANE
MIAMI FL 33186-8539

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8SLS NW L8 STREET	8SLS NW L8 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 331LL Country:	Zip: 331LL Country:

4. FEI Number 65-0755736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LANG, RODOLFO
2220 S.W. 100TH AVENUE
MIAMI FL 33165

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 ______
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANG, RODOLFO	NAME	
STREET ADDRESS	8117 NW 60 ST	STREET ADDRESS	8SLS NW L8 STREET
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	MIAMI, FL 331LL
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANG, LISAMARA	NAME	
STREET ADDRESS	8117 NW 60 ST	STREET ADDRESS	8SLS NW L8 STREET
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	MIAMI, FL 331LL
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: Lizamara Lang REQUIRED 04-21-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #