

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070884

1. Entity Name

PROVIDENCE ESTABLISHMENT FINANCIAL, INC.

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90017 045 ***150.00

Principal Place of Business

1490 WEST 49TH PL.
SUITE 216-A
HIALEAH GARDEN, FL.

Mailing Address

1490 WEST 49TH PL
SUITE 216-A
HIALEAH, FL 33012

2. Principal Place of Business

11300 N.W. 87 CT

Suite, Apt. #, etc.

SUITE # 117

City & State

HIALEAH GARDEN FL.

Zip

33018

Country

3. Mailing Address

3663 S.W. 8TH ST

Suite, Apt. #, etc.

SUITE #210

City & State

MIAMI, FL.

Zip

33135

Country

4. FEI Number

65-0940276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARCOS A GUERRA
3663 SW 8TH STREET
STE 210
MIAMI, FL 33135

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

TITLE ☒ Delete
NAME RICARDO V. MANOUKIAN
STREET ADDRESS 3663 SW 8TH STREET STE 210
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS LUIS F. CHIRINO
CITY-ST-ZIP 7851 NW 160 TERR.
MIAMI, FL 33016

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

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

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

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

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 #

CR2E034 (9/99)