

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90634 001 *4,050.00

DOCUMENT # V57754

1. Entity Name
PROWAY CONSULTING GROUP, INC.

Principal Place of Business
1489 W. PALMETTO PARK ROAD
492
BOCA RATON FL 33486

Mailing Address
1489 W. PALMETTO PARK ROAD
492
BOCA RATON FL 33486

2. Principal Place of Business
125 N 46 AVE
 Suite, Apt. #, etc.

3. Mailing Address
125 N 46 AVE
 Suite, Apt. #, etc.

City & State
Hollywood, FL
 Zip
33021 Country
USA

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Hollywood, FL
 Zip
33021 Country
USA

4. FEI Number **65-0353033**

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

GOTTLIEB, BRUCE M.
125 N 46TH AVE
HOLLYWOOD FL 33021

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
PSDT
OLIVERI, ANGELO
1489 W. PALMETTO PARK ROAD #492
BOCA RATON FL 33486 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
125 N 46 AVE
Hollywood, FL 33021 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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

Angeolo Oliveri, Pres.

4/23/01

Date

561-750-4477

Daytime Phone #

CR2E034 (10/00)