

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

031947 AU

DOCUMENT # **P02000017149**

1. Entity Name
PARTNERS CAPITAL GROUP, INC.



03 MAY -5 AM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1401 BRICKELL AVENUE SUITE 400
MIAMI FL 33131

Mailing Address
1401 BRICKELL AVENUE SUITE 400
MIAMI FL 33131

KA



04/24/03 90169-023 \$88.75
12/10/02-01009-004 \$61.25

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country

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

CASTILLO B., ALVARO
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D FARIAS, FRANCISCO**
STREET ADDRESS **1401 BRICKELL AVENUE SUITE 400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D PAREDES, AMED**
STREET ADDRESS **1401 BRICKELL AVENUE SUITE 400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **D HERNANDEZ, OILSA**
STREET ADDRESS **1401 BRICKELL AVE, STE 400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oilsa Hernandez* Date: 4-10-03 (305) 399-4202

CR2E034 (10/02)