

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90047 014 ***150.00

DOCUMENT # P98000070637

1. Entity Name

FIRST STREET PARTNERS, INC.

Principal Place of Business

Mailing Address

**6075 SW 72 STREET STE 400
 MIAMI FL 33143**

**P.O. BOX 431402
 SOUTH MIAMI FL 33243-1402
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 431402

Suite, Apt. #, etc.

City & State
SO. MIAMI, FL

City & State

Zip
33243-1402

Country

Zip

Country

4. FEI Number **65-0866580**

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

**PAYNE, CARROLL L
 6075 SW 72 STREET STE 400
 MIAMI FL 33143**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	KRUEGER, DOUGLAS A	6075 SW 72 STREET STE 400 MIAMI FL 33143				
	VD	WEED, THOMAS J	1017 AVACODO ISLE FT LAUDERDALE FL 33325				
	VD	ROWE, ROBERT R	3101 PORT ROYALE BLVD APT 936 FT LAUDERDALE FL 33308				

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

DOUGLAS KRUEGER

Date

4/11/01

Daytime Phone #

305-663-8986

642787



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)