

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90489 029 \*\*\*150.00

**DOCUMENT # F00000007118**

1. Entity Name  
**PARTNERCOMMUNITY, INC.**



Principal Place of Business  
**902 CLINT MOORE RD  
SUITE 138  
BOCA RATON FL 33487  
US**

Mailing Address  
**902 CLINT MOORE RD  
SUITE 138  
BOCA RATON FL 33487  
US**

2. Principal Place of Business

**901 Yamato Road**

3. Mailing Address

**901 Yamato Road**

Suite, Apt. #, etc.

**Suite 115**

Suite, Apt. #, etc.

**Suite 115**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33431**

Country

**USA**

Zip

**33431**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1017984**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **David Portnoy**

Street Address (P.O. Box Number is Not Acceptable)

**61 Harbour Way**

City **Bal Harbour**

FL

Zip Code

**33154**

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 *David Portnoy*  
Signature, typed or printed name of registered agent and title if applicable.

**David Portnoy, Chairman**

DATE **3/4/2003**

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE **C** ☒ Delete  
NAME **DALEEN, JAMES**  
STREET ADDRESS **1750 CLINT MOORE ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **PD** ☐ Delete  
NAME **YIN, JOHN Z**  
STREET ADDRESS **1750 CLINT MOORE ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☒ Delete  
NAME **NEMIROVSKY, OFER**  
STREET ADDRESS **1750 CLINT MOORE ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CSD** ☐ Change ☒ Addition  
NAME **David Portnoy**  
STREET ADDRESS **61 Harbour Way**  
CITY-ST-ZIP **Bal Harbour, FL 33154**

TITLE **PTD** ☒ Change ☐ Addition  
NAME **John Z. Yin**  
STREET ADDRESS **901 Yamato Road, Suite 115**  
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **D** ☐ Change ☒ Addition  
NAME **Mark Portnoy**  
STREET ADDRESS **1212 Fifth Street #4**  
CITY-ST-ZIP **Santa Monica, CA 90401**

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

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: *David Portnoy* **David Portnoy, Chairman (305) 866-2948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)