


**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90173 020 \*\*\*\*70.00

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>F97000006365</i>	
1. Entity Name <i>Partnership Holding Corp</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>23 Wall Street</i>		3. Mailing Address <i>Same as #2</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>New York NY</i>		City & State	
Zip <i>10013</i>	Country <i>USA</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>13-3501977</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <i>David Santos</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>c/o Next Management</i>	
	<i>1688 Meridian Ave (800)</i>	
	City <i>Miami Beach</i>	FL <i>33139</i>

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 Santos* *DAVID SANTOS, OFFICE MANAGER* 4/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PST F.H.M. Katos 420 E. 54th Street New York NY 10022</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *212-925-5100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)