## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

1. Entity Name **PARTNERS** 



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90489 030 \*\*\*158.75

ACNI# P					
IN CONSTRUCTION					
of Business	Mailing Address	<del>_</del>			
VE.	2580 NW 47TH AVE				
	LAUDERHILL FL 33313				

				COO WE IN	-						
Principal Place of Business 9822.NE 2ND AVE STE 全中 8 MIAMI FL 33138		Mailing Address 2580 NW 47TH AVE LAUDERHILL FL 33313	2580 NW 47TH AVE								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State			El Number 65	-1029437		<b>⊢</b> —	pplied For ot Applicable	
Zip	Country	Zip	Count	ту	<b>5</b> . C	ertificate of Stat	us Desired	X]	\$8.75 Ad Fee Require		
	6. Name and Address of Co	irrent Registered Agent			7. N	ame and Addre	ss of New F	Registered	Agent		
BOX, ANT	⊔∩NV			Name							
	ND TERRACE		Street Address		(P.O. Box Number is Not Acceptable)						
	ON FL 33317			···•			1		***	<del></del>	
				City				FL	Zip Coc	le	
	e named entity submits this staten tions of registered agent.	nent for the purpose of changing it	ts registere	d office or regist	tered age	nt, or both, in th	e State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NC	DTE: Registered	Agent signature requir	ired when rein	nstating)		DATE			
Afte	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$55 k Payable to Florida Departm	50.00				9. Election C Trust Fund	ampaign Fir Contributio			00 May Be d to Fees	
10.	OFFICERS	AND DIRECTORS	11.	<del></del> _	ADD	DITIONS/CHAN	GES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PST	☐ Delete	TITLE		•				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	YACINTHE, RENE H.R. 2580 NW 47TH AVE LAUDERHILL FL 33313		NAME STREE	ı							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			:		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	•				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete		T ADDRESS ST-ZIP					Change	Addition	

12. I hereby certify that the information supplied with this limit 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 supplier tental report is a discourate 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 receipting of trusted 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 attacking of the corporation of the receipting of the receipting of the corporation of the receipting of t

SIGNATURE