

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90131 046 \*\*\*150.00

**DOCUMENT #** P00000077219

**1. Entity Name** Executive Partners Inc.

(WA)

**Principal Place of Business** 1511 NW 91 Street #922 Coral Springs, FL 33071  
**Mailing Address** 1511 NW 91 Street #922 Coral Springs, FL 33071

979204

**2. Principal Place of Business** 1511 NW 91 Avenue  
**3. Mailing Address** 1511 NW 91 Avenue

Suite, Apt. #, etc.  
 922

Suite, Apt. #, etc.  
 922

**City & State** Coral Springs, Florida  
**City & State** Coral Springs, Florida

**Zip** 33071 **Country** USA  
**Zip** 33071 **Country** USA

**4. FEI Number** 65-1033353

**Applied For**  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Sonny Rincon  
 1511 NW 91 Avenue  
 #922  
 Coral Springs, FL 33071

**7. Name and Address of New Registered Agent**

**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President / C.E.O. Sonny Rincon 1511 NW 91 Avenue #922 Coral Springs, FL 33071	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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

9/13/01

Date

Daytime Phone #

CR2E034 (11/00)



1511 NW 91 Avenue #922  
Coral Springs, Florida 33170  
954-255-2308

*#P00000077219*

Thursday, September 13, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Dear Sirs:

Enclosed please find our completed 2001 Uniform Business Report and a check for the amount of \$150. My corporation was established on August 10, 2000 and did not receive our renewal reminder. This is our first year filing and were not aware of this requirement until recently. I respectfully request that the late fee normally assessed be waived and that my corporation be considered in good standing and not be revoked. Thank you very much for your cooperation into this matter.

Regards,



Sonny Rincon  
C.E.O