

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


**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90092 031 \*\*\*550.00

000048 AV

**DOCUMENT # P02000071586**

1. Entity Name  
**THE IRVING PARTNERSHIP, INC.**



Principal Place of Business  
**COURVOISIER CENTRE II  
601 BRICKELL KEY DR STE 104  
MIAMI FL 33131**

Mailing Address  
**COURVOISIER CENTRE II  
601 BRICKELL KEY DR STE 104  
MIAMI FL 33131**



2. Principal Place of Business  
**1201 BRICKELL AVENUE**  
Suite, Apt. #, etc.  
**SUITE 350 W**  
City & State  
**MIAMI FL**

3. Mailing Address  
**1201 BRICKELL AVENUE**  
Suite, Apt. #, etc.  
**SUITE 350 W**  
City & State  
**MIAMI FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number \_\_\_\_\_ Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**PLONSKIER, IRVING  
COURVOISIER CENTRE II  
601 BRICKELL KEY DR STE 104  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name **PLONSKIER, IRVING**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 BRICKELL AVENUE**  
**SUITE 350 W**  
City **MIAMI** FL Zip Code **33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PLONSKIER, IRVING</b> <b>601 BRICKELL KEY DR STE 104</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PLONSKIER, IRVING</b> <b>1201 BRICKELL AVENUE SUITE 350 W</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** **9/9/03** **(305) 357-3262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)