

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

004048 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	<input type="checkbox"/> Delete	
	D	PLONSKIER, IRVING	601 BRICKELL KEY DR STE 104	MIAMI FL 33131	<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	PLONSKIER, IRVING	1201 BRICKELL AVENUE SUITE 350 W	MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03 **(305) 357-3262**
Date Daytime Phone #

CR2E034 (4/03)