

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 27, 2001 8:00 am
Secretary of State**

06-27-2001 90007 034 ***150.00

DOCUMENT # P93000082509

1. Entity Name

PARTNERSHIP SERVICES, INCORPORATED

Principal Place of Business

3225 Aviation Avenue**Suite 700****Coconut Grove, FL 33133**

Mailing Address

3225 Aviation Avenue**Suite 700****Coconut Grove, FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0449728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Stewart Marcus**3225 Aviation Avenue, Suite 700****Coconut Grove, Florida 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip

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 \$350.00
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

12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP**PDS****Stewart Marcus****3225 Aviation Avenue, Suite 700****Coconut Grove, Florida 33133**☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP**VT****Peter F. Fagan****3225 Aviation Avenue, Suite 700****Coconut Grove, Florida 33133**☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Stewart Marcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEWART MARCUS**PRESIDENT****4/30/01 (305) 860-8188**

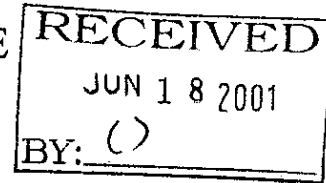
Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State



Attachment
A0015117

June 6, 2001

PARTNERSHIP SERVICES, INCORPORATED
3225 AVIATION AVENUE
#700
COCONUT GROVE, FL 33133

106-59025

License/TAX/FEE

Subject: PARTNERSHIP SERVICES, INCORPORATED

Reference
Number:

P93000082509

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/FV
ANNUAL REPORTS SECTION