

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
 03-07-2000 90078 048 ***150.00

DOCUMENT # P95000057394

1. Entity Name
PURSUIT PARTNERS, INC.

Principal Place of Business 200 SO BISCAYNE BLVD. SUITE 4750 SUITE 1400 FL 33131	Mailing Address 200 SO BISCAYNE BLVD 4750 MIAMI FL 33131-2303 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Southeast 2nd Street Suite, Apt. #, etc. 37th Floor City & State Miami, FL Zip 33131		3. Mailing Address 100 Southeast 2nd Street Suite, Apt. #, etc. 37th Floor City & State Miami, FL Zip 33131 Country USA		4. FEI Number 65-0602056 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent FROST, IRWIN M 1001 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 Southeast 2nd Street, 37th Floor City Miami FL Zip Code 33131
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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 *Irwin Frost* 2/24/00
 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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FROST, IRWIN M 200 SO BISCAYNE BLVD, SUITE 4750 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Southeast 2nd Street, 37th Floor Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GARDNER, DR. LAURENCE 1747 ESPANOLA WAY MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREENMAN, DR. RICHARD 9701 S.W. 72ND COURT MIAMI FL 33156	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"/> Delete	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"/> Delete	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"/> Delete	TITLE 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: *Irwin Frost* 2/24/00 308 374 3007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)