

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90037 020 ***150.00

DOCUMENT # P95000057394

1. Entity Name
PURSUIT PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 2050

City & State

Miami, FL 33131

Zip

33131

Country

USA

3. Mailing Address

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 2050

City & State

Miami, FL 33131

Zip

33131

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0602056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FROST, IRWIN M.

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

1111 Brickell Avenue

Suite 2050

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
D
NAME
Frost, Irwin M.
STREET ADDRESS
1111 Brickell Avenue, #2050
CITY-ST-ZIP
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
Gardner, Dr. Laurence
STREET ADDRESS
1747 Espanola Way
CITY-ST-ZIP
Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
Greenman, Dr. Richard
STREET ADDRESS
9701 S.W. 72nd Court
CITY-ST-ZIP
Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)