

# 2002 UNIFORM BUSINESS REPORT (UBR)

0047542 AV

DOCUMENT # P95000091229

1. Entity Name  
WASHINGTON SQUARE PARTNERS, INC.

FILED

02 JUL 22 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~1140 KANE CONCOURSE~~  
~~FIFTH FLOOR~~  
~~BAY HARBOR ISLANDS FL 33154~~  
~~US~~

Mailing Address  
~~1140 KANE CONCOURSE~~  
~~FIFTH FLOOR~~  
~~BAY HARBOR ISLANDS FL 33154~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
600 NE 36th St  
Suite, Apt. #, etc.  
#304  
City & State  
MIAMI FL  
Zip  
33137  
Country  
US

3. Mailing Address  
600 NE 36th St.  
Suite, Apt. #, etc.  
#304  
City & State  
MIAMI FL  
Zip  
33137  
Country  
US

4. FEI Number 65-0623773  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
~~SILVERS, ROBERT H~~  
~~1140 KANE CONCOURSE~~  
~~FIFTH FLOOR~~  
~~BAY HARBOR ISLAND FL 33154~~

7. Name and Address of New Registered Agent  
Name Randall Hilliard  
Street Address (P.O. Box Number is Not Acceptable)  
600 NE 36th Street #304  
Miami FL  
City FL Zip Code 33137

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS HILLIARD, RANDALL <del>1140 KANE CONCOURSE - 5TH FLOOR</del> <del>BAY HARBOR ISLANDS FL 33154</del>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 NE 36th Street #304 Miami FL 33137
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 300006662293--4 -07/25/02--01053--018 ****158.75 ****158.75
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

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Randall Hilliard 7/19/2002 (305) 469-9069

CR2E034 (4/02)

**WASHINGTON SQUARE  
PARTNERS, INC.**  
Licensed Real Estate Brokers



600 NE 36 Street  
Lobby  
Miami FL 33137

305 673 5353  
Fax 305 673 5352  
E-Mail RHilliard@aol.com

July 18, 2002

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee FL 32301

**Re: Washington Square Partners, Inc. Document #P95000091229**

To Whom It May Concern:

I received this renewal form in the mail yesterday, July 17. I was very surprised that it had not been taken care of and apologize for the oversight. The form had gone to my previous Registered Agent's office and the original form was never forwarded to me until yesterday.

Enclosed please find \$158.75 to cover reinstatement costs.

Thank you in advance for your time and consideration.

Very truly yours,

Randall Hilliard  
President