

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91063 044 ***158.75

DOCUMENT # P95000091229

1. Entity Name
WASHINGTON SQUARE PARTNERS, INC.



Principal Place of Business
**600 NE 36TH ST
#304
MIAMI FL 33137
US**

Mailing Address
**600 NE 36TH ST
#304
MIAMI FL 33137
US**



2. Principal Place of Business

**7601 E. Treasure Dr
Suite, Apt. #, etc.
PH221**

3. Mailing Address

**7601 E. Treasure Dr
Suite, Apt. #, etc.
PH221**

☐ CHECK HERE IF MAKING CHANGES

City & State

North Bay Village FL

City & State

North Bay Village FL

4. FEI Number **65-0623773**

Applied For

Not Applicable

Zip

33141

Country

Zip

33141

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLIARD, RANDALL

600 NE 36TH ST

#304

MIAMI FL 33137

Name

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

7601 E. Treasure Dr

PH221

City

North Bay Village

FL

Zip Code

33141

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 **Randall Hilliard**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/16/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input type="checkbox"/> Delete
NAME	HILLIARD, RANDALL	
STREET ADDRESS	600 NE 36TH STREET #304	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Randall Hilliard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2003 (305) 469-9069
Date Daytime Phone #

CR2E034 (10/02)