

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90006 014 ***150.00

DOCUMENT # P97000060609

1. Entity Name

PARTNER'S GROUP, INC.

(R)

Principal Place of Business

**150 S UNIVERSITY DR
 SUITE E
 PLANTATION FL 33324
 US**

Mailing Address

**150 S UNIVERSITY DR
 SUITE E
 PLANTATION FL 33324
 US**

00104587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE E

City & State

Suite, Apt. #, etc.

SUITE E

City & State

4. FEI Number

65-0773559

Applied For

Not Applicable

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

**HUFF, JAMES
 150 S UNIVERSITY DR
 SUITE E
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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 \$550.00
 After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

**D
 HUFF, JAMES
 150 S UNIVERSITY DR, #E
 PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

Date

954-482-8800 x28

Daytime Phone #

CR2E034 (5/00)

152 Attachment # P97000060609
30104587


July 31, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Sir/Madam:

Please correct your records for Partner's Group address to Suite E.

Thank you,



James Huff
Partner's Group
150S. University Drive
Suite E
Plantation, FL 33324

252 attachment # P97000060609
(30104587

Partner's Group, Inc.
150 South University Drive
Suite E
Planatation, FI 33324

August 1, 2000

To: Department of State

Please note proper address above and corrected on 2000 Uniform Business Report.

For the past two years, I have not received the original notice and thereofre could not return the form and payment by the deadline.

Please correct my records and accept this payment of \$150.00...the original amount had you sent the form to the proper address.



Jim Huff
President & CEO