

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091859

1. Entity Name

PARTNERS FOR CHANGE, INC.

Principal Place of Business

801 BRICKELL AVE
#900
MIAMI FL 33131
US

Mailing Address

801 BRICKELL AVE
#900
MIAMI FL 33131-2951
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0790033

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

KAPLAN, LINDA M
9300 SOUTH DADELAND BLVD SUITE 406
MIAMI FL 33156

Name

COLIN STAFFORD

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

13917 FAIRWAY ISLAND DRIVE

APARTMENT 934

City

ORLANDO

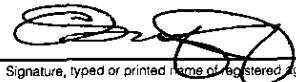
FL

Zip Code

32837

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



COLIN STAFFORD - VICE PRESIDENT

20TH March 2000

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, MARK
44 NIGHTINGALE ROAD, HAMPTON
MIDDLESEX, TW12 3HZ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNOLLY, TIM
THE RIDGE HOUSE, THE RIDGE
WOLDINGHAM, SURREY CR3 7AX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, MARK
44 NIGHTINGALE ROAD, HAMPTON
MIDDLESEX TW12- 3HZ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
STAFFORD, COLIN
801 BRICKELL AVE, SUITE 900
MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

20 March 2000

Date

407-616-0400
Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90054 039 ***150.00

00001101



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)