


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90153 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094618	
1. Entity Name CG 431 PARTNERS, INC.	

DO NOT WRITE IN THIS SPACE

60010276

2. Principal Place of Business 433 WASHINGTON AVE Suite, Apt. #, etc.	3. Mailing Address 404 WASHINGTON AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH, FL 33139	City & State MIAMI BEACH FL	4. FEI Number 65-0801754	Applied For Not Applicable
Zip 33139	Country USA	Zip 33139	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BY PARTNERS INC
Street Address (P.O. Box Number is Not Acceptable) 410 CHINA GATE
404 WASHINGTON AVE
City MIAMI BEACH FL
Zip Code 33139

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHODOROW, LINDA 19925 NE 39 PL., PH 701 AVENTURA FL 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NTD PULSENBERG, JACK 4 GARTLEY DRIVE NEWTOWN SQUARE PA 19073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FAGGEN, NEIL 1248 GULPH CREEK DRIVE RADNOR PA 19087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK PULSENBERG, Vice President

1-23-03 (305) 957-0800

Date Daytime Phone #

CR2E034B (12/02)