

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90098 032 ***150.00

DOCUMENT # P97000099581

1. Entity Name
4290 PARTNERS INC.

Principal Place of Business 901 NOTHPOINT PKWY #304 WEST PALM BEACH FL 33407 US	Mailing Address 901 NOTHPOINT PKWY #304 WEST PALM BEACH FL 33407-7907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0796739**

Applied For
 Not Applicable

Zip Country Zip 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

NEEDLE, ROBERT
~~901 NORTHPOINT PKWY #304~~ *5201 VILLAGE BLVD*
~~WPB FL 33407~~

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 _____ (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 P	<input type="checkbox"/> Delete
NAME BLACK, JOSEPH	<i>5201 VILLAGE BLVD</i>
STREET ADDRESS 901 NORTHPOINT PKWY, #304	
CITY-ST-ZIP WPB FL 33407	
TITLE VP	<input type="checkbox"/> Delete
NAME GREENFIELD, HOWARD	<i>5201 VILLAGE BLVD</i>
STREET ADDRESS 901 NORTHPOINT PKWY, #304	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE SVP	<input type="checkbox"/> Delete
NAME NEEDLE, DAVID	<i>5201 VILLAGE BLVD</i>
STREET ADDRESS 901 NORTHPOINT PKWY, #304	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE VP	<input type="checkbox"/> Delete
NAME NEEDLE, ROBERT	<i>5201 VILLAGE BLVD</i>
STREET ADDRESS 901 NORTHPOINT PKWY, #304	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ *Robert Needle* Date: *1/28/00* Daytime Phone #: *561-687-1901*