

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058605

1. Entity Name

336 PARTNERS, INC

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90058 047 ***150.00

Principal Place of Business

336 S. COUNTY RD.
 PALM BEACH FL 33480

Mailing Address

336 S. COUNTY RD.
 PALM BEACH FL 33480-4457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0928673

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

ORRICO, CASSANDRA M
336 S. COUNTY RD.
PALM BEACH FL 33480

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 \$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 Delete

NAME *P Cassandra ORRICO*
 STREET ADDRESS *336 Brazilian Ave*
 CITY-ST-ZIP *Palm Beach FL 33480*

TITLE Delete

NAME *Kathleen ORRICO*
 STREET ADDRESS *2128 Vista Dr*
 CITY-ST-ZIP *Juno FL 33408*

TITLE Delete

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TITLE Change 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:

Sig... ORRICO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

561-659-1284

Daytime Phone #

CR2F034 (9/99)