

2000 UNIFORM BUSINESS REPORT (UBR)

5/11

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

05-15-2000 90313 010 ***150.00

DOCUMENT # P99000099891

1. Entity Name

PARTNERS & FRIENDS, CORP.

(R)

Principal Place of Business

Mailing Address

**7110 S.W. 117 AVE.
 MIAMI FL 33183**

**7110 S.W. 117 AVE.
 MIAMI FL 33183-2808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

65-0949126

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

**NORCISA, MAGALYS
 7110 S.W. 117 AVE.
 MIAMI FL 33183**

Name

Street Address (P.O. Box Numbers 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 the filer (if applicable)

(NOTE: Registered Agent's signature is required when changing)

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 **D**
 STREET ADDRESS **NORCISA, MAGALYS**
 CITY-ST-ZIP **7110 S.W. 117 AVE.
 MIAMI FL 33183**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALONSO, MERCEDES**
 CITY-ST-ZIP **7110 S.W. 117 AVE.
 MIAMI FL 33183**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(a), 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 637, Florida Statutes, and that my name appears in Box 11 or Box 12 if changed, or on an attachment with an address with all other like on empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

305-412-1090

Telephone #