

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730130

1. Entity Name

MIAMI ROWING & WATERSPORTS CENTER, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90061 036 ****61.25

Principal Place of Business 3601 RICKENBACKER CSWY KEY BISCAYNE FL 33149	Mailing Address 3832 SHIPPING AVE MIAMI FL 33146-1517 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1952997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSOWSKY, HOWARD
3832 SHIPPING AVE
MIAMI FL 33173

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARELLANO, RAUL 8861 SW 82ND STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSOWSKY, HOWARD 3832 SHIPPING AVE MIAMI FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS LOPEZ-GOTARDI, CHRISTINE 2450 CORDOVA ST CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, MARY ANNE 698 CURTISWOOD DR KEY BISCAYNE FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, JORGE 2909 DAY AVE COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, ALEX 8840 SW 114TH TERR MIAMI FL 33176	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dennis Jenkins 5813 SW 68 St Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition in 1999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fran Hancock 8320 SW 63rd Pl Miami, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laurence Terry 1896 Tiger Tail Ave Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alison McLean 5813 SW 68 St Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition in 1999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger Bernstein 691 Herrick Way Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition in 1999
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 4/4/00 305 444 8520
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)