

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90941 029 ****61.25

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DOCUMENT # 730130

1. Entity Name

MIAMI ROWING & WATERSPORTS CENTER, INC.



Principal Place of Business

**3601 RICKENBACKER CSWY
KEY BISCAIYNE FL 33149**

Mailing Address

**3832 SHIPPING AVE
MIAMI FL 33146
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1952997**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KOSOWSKY, HOWARD
3832 SHIPPING AVE
MIAMI FL 33173**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Howard Kosowsky **Howard Kosowsky Treasurer 2/20/03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARELLANO, RAUL 8861 SW 62ND STREET MIAMI FL	<input checked="" type="checkbox"/> Delete <i>Andres Mendez</i>
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	S LOPEZ-GOTARDI-CHAO, CHRISTINE 1232 MANTATI BLVD CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete <i>Fran Hancock</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDOZA, ANDRE S 1600 S BAYSHORE LANE APT 4D MIAMI FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, FERNANDO 3832 SHIPPING AVE MIAMI FL 33146	<input checked="" type="checkbox"/> Delete <i>Kemel Cerecedo</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANCOCK, FRAN 8320 SW 63RD PLACE MIAMI FL 33143	<input checked="" type="checkbox"/> Delete <i>Connie Leigh</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Andres Mendez 1600 S. Bayshore Lane Apt 4D Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Fran Hancock 8320 SW 63rd Place Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kemel Cerecedo 3832 Shipping Ave Miami, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Connie Leigh 3832 Shipping Ave Miami, FL 33146	<input type="checkbox"/> Change <input checked="" 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:

Howard Kosowsky
SIGNATURE REQUIRED

02/20/03

305-444-8520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/02)