

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91468 025 \*\*\*150.00

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DOCUMENT # **P98000003977**

1. Entity Name  
**9301 EAST BAY HARBOR, INCORPORATED**



Principal Place of Business  
**825 BRICKELL BAY DR.  
STE 1748  
MIAMI FL 33131**

Mailing Address  
**PO BOX 45-2124  
MIAMI FL 33245**



2. Principal Place of Business  
**1000 BRICKELL AVE**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE # 900**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

4. FEI Number  
**65-0813683**

Applied For  
 Not Applicable

Zip  
**33131**

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILLER, JASON G  
825 BRICKELL BAY DR., STE. 1748  
MIAMI FL 33131~~

Name **RICHARD SARAFAN ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**Genave Joblove + BATHISTA P.A.  
100 Southeast 2nd St, 36th Floor**  
City **Miami** FL Zip Code **33131**

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 *Richard Sarafan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **PD RODRIGUEZ, JORGE**  
STREET ADDRESS ~~825 BRICKELL DR 1748~~  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **1000 BRICKELL AVE, SUITE 900**  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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: *Jorge C. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JORGE C. RODRIGUEZ**

**4/25/03**  
Date

**305-371-5400**  
Daytime Phone #

CR2E034 (10/02)