

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004068

1. Entity Name

THE BISCAYNE FOUNDATION, INCORPORATED

Principal Place of Business

2785 N.E. 183RD STREET
AVENTURA FL 33160

Mailing Address

2785 N.E. 183RD STREET
AVENTURA FL 33160

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

65-0602289

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

DICOWDEN, MARIE A PH.D.
2785 N.E. 183RD STREET
AVENTURA FL 33160

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	D	<input type="checkbox"/> Delete
NAME	KAPLAN, LISA	
STREET ADDRESS	2785 NE 183 ST	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL	
STREET ADDRESS	17071 WEST DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICOWDEN, MARIE A PH.D.	
STREET ADDRESS	3610 YACHT CLUB DRIVE #1108	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Marie A. Dicowden

5/1/01

305-432-8441

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91320 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)