

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90713 025 \*\*\*\*61.25

**DOCUMENT # N95000004068**

1. Entity Name  
**THE BISCAVNE FOUNDATION, INCORPORATED**



Principal Place of Business  
**2785 N.E. 183RD STREET  
AVENTURA, FL 33160**

Mailing Address  
**2785 N.E. 183RD STREET  
AVENTURA, FL 33160**

3401011



**DO NOT WRITE IN THIS SPACE**

04262004 No Chg-NP CR2E037 (10/03)

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**

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KAPLAN, LISA  
2785 NE 183 ST  
MIAMI, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, MICHAEL  
17071 WEST DIXIE HWY  
MIAMI, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DICOWDEN, MARIE A PH.D.  
3610 YACHT CLUB DRIVE #1108  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-04**

Date

**305-932-8994**

Daytime Phone #