2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 148065 1. Entity Name BISCAYNE RIVER GARDENS INC					FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91593 017 ***150.00			
								Principal Place 4649 PONCE #403
US	LES FL 33146	CORAL GABLES FL 331 US	JS		DO NOT WRITE IN THIS SPACE			
	ace of Business DRTH US 1 #. etc.	3. Mailing Address 1001 NORTH US Suite, Apt. #, etc.	1001 NORTH US 1					
510		510						
City & State		City & State			El Number 59-0721601		oplied For	
Zip Country		Zip	Zip Country			¢0.75	ot Applicable_	
33477	MARTIN	33477	MARTIN			-J Fee Require		
	6. Name and Address of Curre	nt Registered Agent	Name	7, 1	lame and Address of New Regis	tered Agent		
RAWLS, B. D. 4649 PONCE DE LEON BLV #303			Street Ac	FREDERICK R. RILEY Street Address (P.O. Box Number is Not Acceptable) 1001 NORTH US 1				
#403			ĺ	UITE 51				
CORAL GABLES FL 33146			City			FL Zip Cor 3347	e	
The should	named entity submits this statement			UPITER	ant, ar both, in the State of Florida		/	
). This corpo	Signature, typed or printed name of registered ag ration is eligible to satisfy its Intangia equirement and elects to do so.	ent and title if applicable. (NOT	ERICK R. RI E: Registered Agent signatur III FEE IS \$150.0 102 Fee will be \$55	e required when re 0	instating) 10. Election Campaign Financi Trust Fund Contribution.	~ _ ~~)0 May Be	
(See criter	ia on back)			of State				
1. 	OFFICERS AN		12.	AD	DITIONS/CHANGES TO OFFICER	···		
ITLE AME TREET ADORESS ITY - ST - ZIP	FITE, MARTHA FIELD 560 SABLE OAK LANE VERO BEACH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			L_] Change	C Addition	
ITLE Ame Treet A <u>d</u> dre <u>ss</u> ITY-ST-ZIP	DVS Riley, Janet Field 524 Sable Oak Lane Vero Beach Fl		TITLE NAME STREET ADDRESS CITY-ST-ZIP		بیند چې د مېسو د نیو د کې ۳۰۰ ۳	Change	Addition	
ITLE	VENUDERONTE	X Delete	TITLE			Change	Addition	
AME IREET ADDRESS TY-ST-ZIP	RAWLS, B.D. 4649 PONCE DE LEON BLV CORAL GABLES FL		NAME STREET ADDRESS CITY-ST-ZIP					
ile Ame Reet address Ty-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	H. WAD 1001 N	RESIDENT E RILEY, III ORTH US 1, SUITE 5 R, FL 33477	Change	X Addition	
TLE Ame Reet address TY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-P Freder 1001 N	RESIDENT ICK R. RILEY ORTH US 1, SUITE 5 R, FL 33477	Change 10	X Addition	
TLE Ame Reet address Ty-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JULIT	<u>к, гц јј4//</u>	Change	Addition	
 I hereby c indicated of the corp 	ertify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that r powered to execute this report	the exemption state my signature shall ha as required by Chap	ve the same I	egal effect as if made under oath;	that I am an officer	or director	