

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91593 017 ***150.00

DOCUMENT # 148065

1. Entity Name
BISCAYNE RIVER GARDENS INC

Principal Place of Business 4649 PONCE DE LEON BLV #303 #403 CORAL GABLES FL 33146 US	Mailing Address 4649 PONCE DE LEON BLV #303 #403 CORAL GABLES FL 33146 US
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2. Principal Place of Business 1001 NORTH US 1	3. Mailing Address 1001 NORTH US 1
Suite, Apt. #, etc. 510	Suite, Apt. #, etc. 510

DO NOT WRITE IN THIS SPACE

City & State JUPITER, FL	City & State JUPITER, FL	4. FEI Number 59-0721601	Applied For <input type="checkbox"/> Not Applicable
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Zip 33477	Country MARTIN	Zip 33477	Country MARTIN	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAWLS, B. D.
4649 PONCE DE LEON BLV #303
#403
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
FREDERICK R. RILEY
 Street Address (P.O. Box Number is Not Acceptable)
1001 NORTH US 1
SUITE 510
 City
JUPITER **FL** Zip Code
33477

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 *Fredrick R. Riley* **FREDERICK R. RILEY** 4/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD FITE, MARTHA FIELD	560 SABLE OAK LANE	VERO BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DVS RILEY, JANET FIELD	524 SABLE OAK LANE	VERO BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V RAWLS, B.D.	4649 PONCE DE LEON BLV	CORAL GABLES FL	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete		VICE-PRESIDENT	H. WADE RILEY, III	1001 NORTH US 1, SUITE 510 JUPITER, FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete		VICE-PRESIDENT	FREDERICK R. RILEY	1001 NORTH US 1, SUITE 510 JUPITER, FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H. Wade Riley, III* **H. Wade Riley, III** 4-18-2002 (561) 747-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)