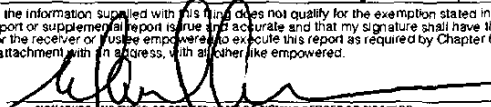


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 28 PM 4:09

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000005145		
1. Entity Name MIAMI BUSINESS FORUM, INC.		
Principal Place of Business 1050 CARIBBEAN WAY MIAMI, FL 33132		Mailing Address 1050 CARIBBEAN WAY MIAMI, FL 33132
2. Principal Place of Business 150 W. FLAGLER # 1820 Ste. 1820		3. Mailing Address 150 W. FLAGLER ST. Ste. 1820
City & State Miami, FL		City & State Miami, FL
Zip 33130		Zip 33130
Country USA		Country USA
4. FEI Number 65-1043129		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPODIRECT AGENTS 103 N MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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. 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's signature required when registering) DATE		
FILE NOW - FEE IS \$67.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
D FAIN, RICHARD D 1050 CARIBBEAN WAY MIAMI, FL 33132		Director ARMANDO CODINO 355 ALHAMBRA # 900 CORAL GABLES, FL 33134
D NORTON, SUSAN P 121 MAJORDA #300 CORAL GABLES, FL 33134		
D LACHER, JOE 150 W FLAGLER #1901 MIAMI, FL 33155		
D ARTECONA, MARIO 6525 SW 65 LANE MIAMI, FL 33155		
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 another like empowered.		
SIGNATURE: 		3/18/03 (805) 347-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE

OR2E037 (10/02)