2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002837

MIAMI, FL 33127

City-St-Zip:

Entity Name: FRIENDS OF BISCAYNE BAY, INC.

FILED Jun 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1255 NE 79TH ST CAUSEWAY MIAMI, FL 33138 **Current Mailing Address: New Mailing Address:** 1255 NE 79TH ST CAUSEWAY MIAMI, FL 33138 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWIEP, PAUL J 2699 S BAYSHORE DR PENTHOUSE MIAMI, FL 33133 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MUNROE, CHARLES P Name: Name: Address: 7340 SW 107TH TER Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition SCHWIEP, PAUL J Name: Name: Address: 2699 S BAYSHORE DR PENTHOUSE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition RABBINO, PETER D Name: Name: 4095 ENSENADA AVE Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition MATHESON, BRUCE C Name: Name: 4940 SUNSET DR Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: Title: () Delete () Change () Addition CLARK, DOUGAN Name: Name: 745 NW 54TH ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHARLES MUNROE D 06/27/2002