


03-31-2003 90291 049 \*\*\*\*70.00

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

**55024939**

<b>DOCUMENT # N02000003503</b>			
1. Entity Name <b>MIAMI MUCKDOGS, INC.</b>			
Principal Place of Business 7680 SW 170 STREET MIAMI, FL 33157		Mailing Address 7680 SW 170 STREET MIAMI, FL 33157	
2. Principal Place of Business <b>18530 Caribbean Blvd</b>		3. Mailing Address <b>18530 Caribbean Blvd</b>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33157</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>33-1011850</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>KEEBLER, DAVID P 7680 SW 170 STREET MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name <b>William D. Hein Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18530 Caribbean Blvd</b> City <b>Miami</b> FL Zip Code <b>33157</b>	
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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: *William D. Hein* 3/24/03.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

<b>FILE NOW - FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>President / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEIN, WILLIAM D JR.</b>		NAME <b>Hein, William D Jr</b>	
STREET ADDRESS <b>9466 DOMINICAN DRIVE</b>		STREET ADDRESS <b>18530 Caribbean Blvd</b>	
CITY-ST-ZIP <b>MIAMI, FL 33189</b>		CITY-ST-ZIP <b>Miami, FL 33157</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>V/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HULSE, LARRY</b>		NAME <b>HULSE, LARRY</b>	
STREET ADDRESS <b>20261 SW 103 AVENUE</b>		STREET ADDRESS <b>20251 SW 103 Avenue</b>	
CITY-ST-ZIP <b>MIAMI, FL 33189</b>		CITY-ST-ZIP <b>Miami FL 33189</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOGAARDS, ADDA</b>		NAME <b>EDENS, Katherine</b>	
STREET ADDRESS <b>14443 SW 174 STREET</b>		STREET ADDRESS <b>1014 S. Independence Dr Suite "H"</b>	
CITY-ST-ZIP <b>MIAMI, FL 33177</b>		CITY-ST-ZIP <b>Homestead FL 33034</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EDENS, KATHERINE</b>		NAME <b>Roache, Cynthia</b>	
STREET ADDRESS <b>1014 S. INDEPENDENCE DR. SUITE "H"</b>		STREET ADDRESS <b>9143 SW 183 Terr</b>	
CITY-ST-ZIP <b>HOMESTEAD, FL 33034</b>		CITY-ST-ZIP <b>Miami, FL 3157</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Treasurer / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEEBLER, DAVID P</b>		NAME <b>Hein, Jonell</b>	
STREET ADDRESS <b>7680 SW 170 STREET</b>		STREET ADDRESS <b>18530 Caribbean Blvd</b>	
CITY-ST-ZIP <b>MIAMI, FL 33167</b>		CITY-ST-ZIP <b>Miami FL 33157</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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: *William D. Hein* **William D. Hein** 3/24/03 (305) 216 2057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

*Jonell Hein*, **TREASURER**

CPRE037 (10/02)