

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90080 002 ****61.25

DOCUMENT # N38695

1. Entity Name

MIAMI RIVER MARINE GROUP CORP.

Principal Place of Business

Mailing Address

690 SW 1 COURT
 2ND COURT
 MIAMI FL 33130
 US

690 SW 1 COURT
 2ND FLOOR
 MIAMI FL 33130-2934
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0204995

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, JAMES W
690 SW 1ST COURT
MIAMI SHIP SERVICES
MIAMI FL 33130

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input type="checkbox"/> Delete NAME: D REID, RICK STREET ADDRESS: 3201 NW 24TH ST RD CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: SARA BABUN STREET ADDRESS: 690 SW 1 CT 2 FLR CITY-ST-ZIP: MIAMI FL 33130
TITLE: <input type="checkbox"/> Delete NAME: S MONOCANDILOS, JORDAN STREET ADDRESS: 3201 NW 24 ST CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: P James Brown STREET ADDRESS: 690 SW 1 CT 2 FLR CITY-ST-ZIP: MIAMI, FL 33130
TITLE: <input type="checkbox"/> Delete NAME: D BUNNELL, DICK STREET ADDRESS: 7801 NW 66 CT CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Sara Babun STREET ADDRESS: 3038 N.W. North River Dr. CITY-ST-ZIP: Miami, FL 33142
TITLE: <input type="checkbox"/> Delete NAME: D DELANEY, STEVE STREET ADDRESS: 8700 W. FLAGLER CITY-ST-ZIP: MIAMI FL 33174	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: D PAYNE, BEAU STREET ADDRESS: 1115 N PARK RD CITY-ST-ZIP: HOLLYWOOD FL 33021	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: D PARKES, WILLIAM STREET ADDRESS: 3033 N.W. NORTH RIVER DR CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Brown

 Date Daytime Phone #

CR2E037 (9/99)