

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90176 046 ****61.25

0038161

DOCUMENT # N38695

1. Entity Name

MIAMI RIVER MARINE GROUP CORP.

Principal Place of Business

Mailing Address

~~690 SW 1 COURT
 2ND FLOOR
 MIAMI FL 33130
 US~~

~~690 SW 1 COURT
 2ND FLOOR
 MIAMI FL 33130
 US~~

2. Principal Place of Business

3033 N.W. NORTH RIVER DR.

3. Mailing Address

**(SAME AS)
 BLOCK 2**

Suite, Apt. #, etc.

Miami, FL

Suite, Apt. #, etc.

City & State

33142

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 **JAMES W. BROWN**

Street Address (P.O. Box Number is Not Acceptable)

3033 N.W. NORTH RIVER DR.

City **Miami**

FL

Zip Code **33142**

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

TITLE Delete
 NAME **D REID, RICK**
 STREET ADDRESS **3201 NW 24TH ST RD**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **D CLEVE JONES**
 STREET ADDRESS **3700 N.W. SOUTH RIVER DR.**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE Delete
 NAME **S MONOCANDILOS, JORDAN**
 STREET ADDRESS **3201 NW. 24. ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **D RICHARD DUBIN**
 STREET ADDRESS **556 NW South River DR.**
 CITY-ST-ZIP **MIAMI, FL 33136**

TITLE Delete
 NAME **D BUNNELL, DICK**
 STREET ADDRESS **7801 NW 66 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **D BRUCE SCHURGER**
 STREET ADDRESS **3300 N.W. NORTH RIVER DR.**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE Delete
 NAME **D DELANEY, STEVE**
 STREET ADDRESS **8700 W. FLAGLER**
 CITY-ST-ZIP **MIAMI FL 33174** *delete*

TITLE Change Addition
 NAME **VP SARAH BAGUN**
 STREET ADDRESS **3038 N.W. NORTH RIVER DR.**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE Delete
 NAME **D PAYNE, BEAU**
 STREET ADDRESS **1115 N PARK RD**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition

TITLE Delete
 NAME **D PARKES, WILLIAM**
 STREET ADDRESS **3033 N.W. NORTH RIVER DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

CR2E037 (10/00)