

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90300 028 ****61.25

DOCUMENT # N38695

1. Entity Name
MIAMI RIVER MARINE GROUP CORP.



Principal Place of Business
**3033 NW NORTH RIVER DR
MIAMI FL 33142
US**

Mailing Address
**3033 NW NORTH RIVER DR
MIAMI FL 33142
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0204995** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, JAMES W
3033 NW NORTH RIVER DR
MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **CHARLES E. MORTON**
Street Address (P.O. Box Number is Not Acceptable)
**3033 N.W. NORTH RIVER DR.
(MIAMI RIVER MARINE GROUP)**
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. 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 signature required when reinstating)

DATE **1/29/03**

FILE NOW: FEE IS \$61.25

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

TITLE	V	<input type="checkbox"/> Delete
NAME	BABUN, SARA	
STREET ADDRESS	3038 NW NORTH RIVER DR	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONOCANDILLOS, JORDAN	
STREET ADDRESS	3201 NW 24 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNNELL, DICK	
STREET ADDRESS	7801 NW 66 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CLEVE	
STREET ADDRESS	3700 NW SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE, BEAU	
STREET ADDRESS	1115 N PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKES, WILLIAM	
STREET ADDRESS	3033 N.W. NORTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD DUBIN	
STREET ADDRESS	AMERITRADE 555 N.W. SOUTH RIVER DR.	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE SCHURGER	
STREET ADDRESS	3300 N.W. NORTH RIVER DR.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1/29/03

CR2E037 (10/02)