

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003386

1. Entity Name

MIAMI'S RIVER OF LIFE INC.

Principal Place of Business

7900 N.E. 2ND AVE.
504
MIAMI FL 33138

Mailing Address

7900 N.E. 2ND AVE.
504
MIAMI FL 33138

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0427110

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, GEORGE E JR
13520 NW 17TH AVE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ELLIS, GEORGE E JR 13520 NW 17TH AVE OPA LOCKA FL 33054	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CAMPBELL, WILLIAM DR 13221 NW 16TH STREET PEMBROKE PINES FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAMB, CECIL 9331 SW 7TH ST PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOUSTON, JESSIE 2211 NW 191ST TERRACE MIAMI FL 33056	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, HOWARD 9320 SW 6TH COURT PEMBROKE PINES FL 33025	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90063 014 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)