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

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-19-2003 90208 038 ****70.00

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DOCUMENT # N93000003386

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1. Entity Name
MIAMI'S RIVER OF LIFE INC.

[redacted]

Principal Place of Business	Mailing Address
230 NE 82ND ST. MIAMI FL 33138	230 NE 82ND ST. # 504 MIAMI FL 33138

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
ELLIS, GEORGE E JR 13520 NW 17TH AVE OPA LOCKA FL 33054	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO ELLIS, GEORGE E JR 13520 NW 17TH AVE OPA LOCKA FL 33054	☐ Delete PRESIDENT + CEO	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CAMPBELL, WILLIAM DR 13221 NW 16TH STREET PEMBROKE PINES FL 33029	☐ Delete DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LAMB, CECIL 9331 SW 7TH ST PEMBROKE PINES FL 33024	☑ Delete DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMB&R/CHAPLIN CECIL LAMB 9331 S.W. 7TH ST. PEMBROKE PINES FL. 33024 ☑ Change ☐ Addition DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOUSTON, JESSIE 2211 NW 191ST TERRACE MIAMI FL 33056	☐ Delete DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN 555516 HOUSTON 2211 N.W. 191ST TERR. DIRECTOR MIAMI. FL. 33056 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARTER, HOWARD 9320 SW 6TH COURT PEMBROKE PINES FL 33025	☐ Delete DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JOHNSON, SAMUEL 19592 NW 83RD ST. HIALEAH FL 33015	☐ Delete DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 5/14/03 (305) 756-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #