

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90201 029 \*\*\*\*61.25

**DOCUMENT # N98000002875**



1. Entity Name  
**GREATER MIAMI RIVER FOUNDATION, INC.**

Principal Place of Business  
**1529 N.W. SOUTH RIVER DRIVE  
MIAMI FL 33125-2701**

Mailing Address  
**1529 N.W. SOUTH RIVER DRIVE  
MIAMI FL 33125-2701**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |                               |
|--------------------------------|---------|---------------------|---------|---|-------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>NOT APPLICABLE</b>   | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |                               |
| City & State                   |         | City & State        |         |   |                               |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |          |
| <b>SANCHEZ, NATALIE<br/>C/O GLORIA ROA BODIN<br/>2655 LEJEUNE RD # 1001<br/>CORAL GABLES FL 33134</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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                      | <b>PD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BODIN, ERIC A</b>                      | NAME  |   |
| STREET ADDRESS             | <b>1529 N.W. SOUTH RIVER DRIVE</b>        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33125-2701</b>                | CITY-ST-ZIP   |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BENITEZ, JACKIE</b>                    | NAME  |   |
| STREET ADDRESS             | <b>18921 SW 122 AVENUE</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33177</b>                     | CITY-ST-ZIP   |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARRETT, DAVID V</b>                   | NAME  |   |
| STREET ADDRESS             | <b>3930 IRVINGTON AVE</b>                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>COCONUT GROVE FL 33134</b>             | CITY-ST-ZIP   |   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRICENO, RAQUEL</b>                    | NAME  |   |
| STREET ADDRESS             | <b>242 MADEIRA AVENUE, #4</b>             | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33134</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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 OF DAVID V GARRETT

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)