

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


**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90004 010 \*\*\*\*61.25

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DOCUMENT # *N980000 05672*

1. Entity Name  
*Miami River Fund, Inc.*



**DO NOT WRITE IN THIS SPACE**

**66429072**

2. Principal Place of Business *c/o UM Hospital*  
*4600 Rickenbacker Cswy.*  
Suite, Apt. #, etc.  
*56107*

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

City & State  
*Miami, FL*

Zip  
*33149*

Country  
*USA*

City & State

Zip

Country

4. FEI Number  
*65-0867648*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent.

Name *c/o Robert Parks*

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

*330 Alhambra Circle*

City *Coral Gables, FL* **FL** Zip Code *33134*

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 *Brett Bibeau* DATE *6/4/04*

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

FEE IS \$61.25  
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Philip Everingham - President Po Box 01980 Miami, FL 33101</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sallye Jude - Vice President 118 S. River Drive Miami, FL 33130</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Richard Bunnell - Secretary 3033 NW North River Drive Miami, FL 33142</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Steve Owens - D SWINE Properties, Inc. 501 Brickell Key Drive, Suite 600 Miami, FL 33131</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Michael Moore - D 355 Alhambra Circle, Suite 1100 Coral Gables, FL 33134</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Brett Bibeau - D 4600 Rickenbacker Cswy Miami, FL 33149</i>	TITLE 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 on an attachment with an address, with all other like employed.

SIGNATURE: *Brett Bibeau* DATE *6/4/04* DAYTIME PHONE # *(305) 361-4850*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)