

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90238 021 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000017134

1. Entity Name  
**BISCAYNE PARTNERS, INC.**



Principal Place of Business  
**800 BRICKELL AVENUE STE 900  
MIAMI, FL 33131**

Mailing Address  
**800 BRICKELL AVENUE STE 900  
MIAMI, FL 33131**

11016880



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**801 BRICKELL AVE**

3. Mailing Address  
**801 BRICKELL AVE**

Suite, Apt. #, etc.  
**STE 900**

Suite, Apt. #, etc.  
**STE 900**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0981012**

Applied For  
☐ Not Applicable

Zip  
**33131**

Country

Zip  
**33131**

Country

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**

**CARROLL, MARY V  
ONE SE 3RD AVE 28TH FLOOR  
MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to: Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CARROLL, KEVIN D  
800 BRICKELL AVENUE STE 900  
MIAMI, FL 33131** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CARROLL, MARY V  
ONE SE 3RD AVE 28TH FLOOR  
MIAMI, FL 33131** ☐ Delete

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

TITLE  
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☐ 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 607, 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:

**KEVIN CARROLL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03 305-789-6617**  
Date Daytime Phone #

CR2E034 (10/02)