

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90168 003 ***150.00

DOCUMENT # P94000044558

1. Entity Name
MARINA BISCAVNE PROPERTIES, INC.



Principal Place of Business
**6410 RIVIERA DRIVE
CORAL GABLES FL 33146**

Mailing Address
**6410 RIVIERA DRIVE
CORAL GABLES FL 33146**



2. Principal Place of Business

APT 901

3. Mailing Address

19333 W. Country Club Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19333 W. Country Club

APT 901

City & State

City & State

Aventura FL Dr.

Aventura FL

Zip

Country

Zip

Country

33180-2439 Dade

33180-2439 Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0500864**

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

**RABIN, SUSAN C
6805 TALAVERA STREET
CORAL GABLES FL 33146**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RABIN, MARTIN	
STREET ADDRESS	6410 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RABIN, SUSAN C	
STREET ADDRESS	6410 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RABIN, MARILYN	
STREET ADDRESS	6410 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D. ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN RABIN	
STREET ADDRESS	19333 W. Country Club Dr.	
CITY-ST-ZIP	Aventura FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN RABIN, 305-792-0644
Date **4/1/03** Daytime Phone #

CR2E034 (10/02)