

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040135

1. Entity Name

MIAMI RIVER PARTNERS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90049 011 ***150.00

Principal Place of Business

Mailing Address

BFC FINANCIAL
 FT LAUDERDALE FL 33304

1750 E SUNRISE BLVD
 FT LAUDERDALE FL 33304-3013

2. Principal Place of Business

3. Mailing Address

P.O. Box 5403

P.O. Box 5403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33310-5403

Country

USA

Zip

33310-5403

Country

USA

4. FEI Number

65-0832864

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

ABDO, JOHN E
 1350 NE 56 STREET
 FT LAUDERDALE FL 33334

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ABDO, JOHN E	
STREET ADDRESS	1350 NE 56 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	GILBERT, GLEN R	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	COB	<input type="checkbox"/> Delete
NAME	LEVAN, ALAN B	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABDO, FRANK J	
STREET ADDRESS	1350 NE 56 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" 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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GLEN R. GILBERT**
 Executive Vice President

4/25/2000

Date

Daytime Phone #

CR2E034 (9/99)