

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064982

1. Entity Name

Miami River Club, Inc.

Principal Place of Business

Mailing Address

3615 N.W. South River Dr. 3615 N.W. South River Dr.
Miami, FL 33142 Miami, FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650939410

Applied For

Not Applicable

Zip

Country

Zip

Country

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

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Abdon Grau
3615 N.W. South River Drive
Miami, FL 33142

Name

Dade Corporate Services, Inc.

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

2300 Coral Way

Suite 103

City

Miami

FL

Zip Code
33145

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

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

Vivian Williams, President

(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/D Delete
NAME: Abdon Grau
STREET ADDRESS: 3615 N.W. South River Dr.
CITY-ST-ZIP: Miami, FL 33142

TITLE: P/S Change Addition
NAME: Michael Bilotti
STREET ADDRESS: 3615 N.W. South River Dr.
CITY-ST-ZIP: Miami, FL 33142

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME: 800003656648--9
STREET ADDRESS: -02/08/01--01002--024
CITY-ST-ZIP: ****150.00 ****150.00

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change 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:

Michael Bilotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bilotti

Date

12-5-00

Duplicate Filing #

FILED
01 FEB -5 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200003656648

TS