

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90043 031 ***158.75

DOCUMENT # P99000065662

1. Entity Name
DOWNBYRIVER MIAMI, INC.

Principal Place of Business

1019 5TH ST.
MIAMI BEACH FL 33139

Mailing Address

1019 5TH ST.
MIAMI BEACH FL 33139

2. Principal Place of Business

407 LINCOLN RD
Suite, Apt. #, etc.
708

City & State
MIAMI BEACH, FL

Zip
33139

3. Mailing Address

407 LINCOLN RD
Suite, Apt. #, etc.
708

City & State
MIAMI BEACH, FL

Zip
33139



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0935589

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN HEMERT, LAUREN
407 LINCOLN RD.,STE.708
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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, 2002 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

TITLE
PD
NAME
FEINGOLD, RENEE
STREET ADDRESS
407 LINCOLN RD.,STE.708
CITY-ST-ZIP
MIAMI BEACH FL 33139



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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TITLE
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STREET ADDRESS
CITY-ST-ZIP

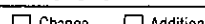


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

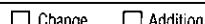


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

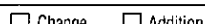
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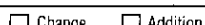
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (9/01)