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



## FILED Feb 26, 2003 8:00 am

DOCUMENT # P99000105330  1. Entity Name MIAMI RIVER ASSOCIATES, INC.				02-26-2003 90134 01		
Principal Place of Business 155 S. MIAMI AVE PH II A MIAMI FL 33130		Mailing Address 155 S. MIAMI AVE PH II A MIAMI FL 33130				
2. Principal Place of Business 3. Mailing Address					,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1069067	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered	<u></u>	
Name						
BLAXBERG, BARRY ESQ. 25 SE 2ND AVE				Address (P.O. Box Number is Not Acceptable)		
SUITE 730						
MIAMI FL 33131			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						
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 D		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE NAME	P Sirlin, Daniel	☐ Delete	TITLE NAME	VISSING TO STATE OF THE PROPERTY OF THE PROPER	Change Addition	
STREET ADDRESS CITY-ST-ZIP	155 S. MIAMI AVE MIAMI FL 33130		STREET ADORESS : CITY-ST-ZIP			
TITLE NA*AE STREET ADDRESS	V KRINSKY, JEFF 155 S. MIAMI AVE	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 red or the corporation or the receiver or fuse 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 attachment with a labeless, with all other like empowered.

SIGNATURE:

305-374.5455