

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38695

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**2314033722CC**

**Entity Name:** MIAMI RIVER MARINE GROUP CORP.

**Current Principal Place of Business:**

3033 NW NORTH RIVER DR  
MIAMI, FL 33142

**Current Mailing Address:**

MIAMI RIVER MARINE GROUP  
3033 NW NORTH RIVER DR  
MIAMI, FL 33142 US

**FEI Number:** 65-0204995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAILEY, MARK  
3033 NW NORTH RIVER DR  
2ND FLOOR  
MIAMI, FL 33142 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DUBIN, RICHARD  
Address MIAMI RIVER MARINE GROUP  
3033 NW NORTH RIVER DR  
City-State-Zip: MIAMI FL 33142

Title DIRECTOR  
Name BUNNELL, RICHARD A  
Address 3033 NW NORTH RIVER DR  
City-State-Zip: MIAMI FL 33142

Title TREASURER  
Name BLACK, ORIN  
Address 5TH STREET MARINA  
341 NW SOUTH RIVER DRIVE  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name HATAMI, MIKE  
Address MIAMI RIVER MARINE GROUP  
3033 NW NORTH RIVER DRIVE  
City-State-Zip: MIAMI FL 33142

Title PRESIDENT  
Name BROWN, BRUCE L.  
Address 402 NE 95 STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title DIRECTOR  
Name ADAMS, RON  
Address 3033 NW NORTH RIVER DR  
City-State-Zip: MIAMI FL 33142

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE L. BROWN

**PRES.**

**01/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date