

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90153 036 \*\*\*\*61.25

**DOCUMENT # 709786**

1. Entity Name

**MIAMI-DADE COMMUNITY COLLEGE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**300 NE SECOND AVENUE  
 MIAMI FL 33132**

**300 NE SECOND AVENUE  
 MIAMI FL 33132-2204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6169745**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**EICHENBERG, ROSEMARY  
 MIAMI DADE COMMUNITY COLLEGE FOUNDATION  
 300 NE 2ND AVENUE  
 MIAMI FL 33132**

Name **VIVIAN LOPEZ-MENDOZA**  
 Street Address (P.O. Box Number is Not Acceptable)

**300 NE 2ND AVE., RM. 4102  
 City MIAMI FL Zip Code 33132**

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 Lopez-Mendoza*

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

(NOTE: Registered Agent signature required when reinstating)

**1/22/00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VCD**  Delete  
 NAME **ARLAIN, RICARDO**  
 STREET ADDRESS **100 SE SECOND STREET-13TH FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VCD**  Change  Addition  
 NAME **DIAZ, VICTOR**  
 STREET ADDRESS **25 W. FLAGLER ST., STE. 800**  
 CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **P**  Delete  
 NAME **GONZALEZ-LEVY, SANDRA**  
 STREET ADDRESS **300 NE SECOND AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **CADENAS, EDUARDO**  
 STREET ADDRESS **300 SECOND AVE -RM 4102-7**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD**  Delete  
 NAME **BEATTY, ROBERT**  
 STREET ADDRESS **701 BRICKELL AVE -30TH FLR**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD**  Delete  
 NAME **BLANK, ANDREW S.**  
 STREET ADDRESS **3455 NW 54 STRET**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VC**  Delete  
 NAME **CALDERIN, CAROLINA**  
 STREET ADDRESS **5959 NW 7TH ST**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

*Sandra Gonzalez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/00**

DATE

Daytime Phone #

**305-233-3242**