

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90172 023 \*\*\*\*61.25

**DOCUMENT # N38462**

1. Entity Name  
**THE MIAMI-DADE COALITION FOR COMMUNITY EDUCATION  
, INC.**



Principal Place of Business  
**1450 NE 2ND AVENUE  
SUITE 833  
MIAMI FL 33132  
US**

Mailing Address  
**1450 NE 2ND AVE  
SUITE 833  
MIAMI FL 33132  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**726A**

Suite, Apt. #, etc.

**726A**

City & State

City & State

4. FEI Number **65-0197821**

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

~~COVERSON, T. L.  
1450 NE 2ND AVE  
SUITE 833  
MIAMI FL 33132~~

Name **EDWARD DONALDSON**

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

**1450 NE 2ND AVE.**

**Room 726A**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward Donaldson* (Edward Donaldson)

**2/27/03**

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEARLSON, MARJORIE G.</b> <b>6400 S.S. 129TH TERR</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>COHN, MILDRED AUGENSTEIN</b> <b>2824 CLEVELAND ST.</b> <b>HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOSA, REBECA</b> <b>6386 S.W. 10 ST.</b> <b>W. MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, LINDA D.</b> <b>3945 LOQUAT AVE</b> <b>COCONUT GROVE FL 33133</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, PHYLLIS</b> <b>5660 COLLINS AVE, APT 18C</b> <b>MIAMI BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COVERSON, T. L.</b> <b>9112 NE 10 AVE</b> <b>N. SHORES FL 33138</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DR. SOLOMON S. LICHTER</b> <b>1000 QUAYSIDE TERR, TOWER 1, PH12</b> <b>MIAMI, FL 33138</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DR. PRESTON MARSHALL</b> <b>900 NW 85 ST.</b> <b>MIAMI, FL 33150</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MS. EUGENIA B. THOMAS</b> <b>1110 NW 41 ST.</b> <b>MIAMI, FL 33127</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MS. ESTRELLA DIAZ</b> <b>1450 NE 2ND AVE., RM. 822</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TO</b> <b>MS. PATRICIA VEGNANI</b> <b>4300 BISCAYNE BLVD., STE. 101</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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 empowered.

SIGNATURE: **DR. SOLOMON S. LICHTER REQUIRED** *Dr. Solomon S. Lichter* 2/27/03

CR2E037 (10/02)