


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000417	
1. Entity Name THE UNIVERSITY OF PENNSYLVANIA DADE ALUMNI FOUNDATION, INCORPORATED	

Principal Place of Business 2500 E. HALLANDALE BCH. BLVD. 402 HALLANDALE, FL 33009 US	Mailing Address 2500 E. HALLANDALE BCH. BLVD. 402 HALLANDALE, FL 33009 US
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02122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0488720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, ALAN 2500 E. HALLANDALE BCH. BLVD., #402 HALLANDALE, FL 33009
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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UN0000051302
 02/16/04-80046-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, ELSIE 4825 LAKEVIEW DR MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, ALAN 2500 E. HALLANDALE BCH. BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WAXMAN, ROBERT 13290 BISCAYNE BAY TERR NO MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOHNER, DAVID 9130 S DADELAND BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 employees.

SIGNATURE: *Alan Miller* 2/12/04 954-454-9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone