2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N93000000417 THE UNIVERSITY OF PENNSYLVANIA DADE ALUMNI



FILED Jan 10, 2005 08:00 AM Secretary of State

Prin	ipal Place of Business	
,	.,	

HALLANDALE, FL 33009 T US

FOUNDATION, INCORPORATED

Mailing Address

2500 E. HALLANDALE BCH. BLVD.

SIGNATURE:

2500 E. HALLANDALE BCH. BLVD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HALLANDALE, FL 33009 US



1 OD	TON	WRITE	IN THIS	SPACE
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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0488720 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6,	Name	and	Address	of Current	Registered	Agent

MILLER, ALAN 2500 E. HALLANDALE BCH. BLVD., #402 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

						·
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familia	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	It applicable (NOTE. Registered	Agen) signaluro	required when reinstating)	DATE	<u> </u>
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finant Trust Fund Contribution,	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			1/000000175780	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, ELSIE 4825 LAKEVIEW DR MIAMI BECAH, FL 33140				01/10/05-80063-024	B1.25
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			· -	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOHNER, DAVID 9130 S DADELAND BLVD MIAMI, FL			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					and the second of the second o	g to make or g
12. I hereby of indicated of the cor changed.	pertify that the information supplied with this in on this report or supplemental report is bue a poration or the receiver or trustee empowere or on an attachment with an address/with a	ing does not qualify for the exen and accurate and that my signate to execute this refliort as require object like empowered.	nption stated ure shall hav ed by Chapt	d in Section 119.07(3)(ve the same legal effecter (5), Florida Statute	Florida Statutes. I further certify that it as if made under oath, that I am an cis, and that my name appears in Block	the information ifficer or director 10 or Block 11 if