

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90151 040 ****61.25

DOCUMENT # N97000003314

1. Entity Name

MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNIN

Principal Place of Business

Mailing Address

11441 N.W. 2ND AVE.
 PORTABLE 1
 MIAMI SHORES FL 33168

11441 N.W. 2ND AVE.
 PORTABLE 1
 MIAMI SHORES FL 33168-4300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0770873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATIMER, WALTER G
1011 IVES DAIRY ROAD
SUITE 210
MIAMI FL 33179

Name
Post, Keith
 Street Address (P.O. Box Number is Not Acceptable)
1208 Northeast 99 Street
 City
Miami Shores FL 33138

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 *Keith Post* **Keith Post, Board Attorney Pro Bono 1/5/00**
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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERRA, THOMAS 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIFTIN, ELAINE DR. 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COBB, CHARLES 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'LAUGHLIN, JEANNE PH.D. 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNOME, JEAN 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHE, EVELYN PH.D 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Heffernan, William 351 Northeast 105 Street Miami Shores FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Damianos, Fred 11441 Northwest Second Avenue Miami Shores FL 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cavanaugh, Sarah O.P. 11300 Northeast Second Avenue Miami Shores FL 33161	<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: *Evelyn Piche* **Evelyn Piche 1/15/2000 305-899-3649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)