

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90019 013 ***150.00

DOCUMENT # P01000063709		
1. Entity Name MIAMI INTERNATIONAL UNIVERSITY OF ART & DESIGN, INC.		

Principal Place of Business 1501 BISCAYNE BLVD. MIAMI, FL 33132	Mailing Address C/O EDMC 210 SIXTH AVE. 33RD FLOOR PITTSBURGH, PA 15222
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40007388



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE

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

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FLEMING, ERIKA	NAME	
STREET ADDRESS	1737 NORTH BAYSHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KRAMER, DEVITT J	NAME	
STREET ADDRESS	210 SIXTH AVE., 33RD FL.	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15222	CITY-ST-ZIP	
TITLE	T ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	O'DAY, DANIEL K	NAME	Dorinda Panno
STREET ADDRESS	210 SIXTH AVE., 33RD FL.	STREET ADDRESS	(same address)
CITY-ST-ZIP	PITTSBURGH, PA 15222	CITY-ST-ZIP	
TITLE	AS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MINAHAN, SUSAN	NAME	
STREET ADDRESS	210 SIXTH AVE., 33RD FL.	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15222	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREEN, THOMAS L	NAME	
STREET ADDRESS	1501 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Sue Minahan Sue Minahan Asst. Sec. 3/30/07 412-995-7208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #