

FILED  
Feb 25, 2003 8:00 am  
Secretary of State

02-04-2003 90071 027 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063709

1. Entity Name

INTERNATIONAL FINE ARTS COLLEGE, INC.

New Name:

Miami International University of Art & Design, Inc.

Principal Place of Business

EDUCATION MANAGEMENT CORPORATION  
300 SIXTH AVENUE - 8TH FLOOR  
PITTSBURGH PA 15222

Mailing Address

EDUCATION MANAGEMENT CORPORATION  
300 SIXTH AVENUE - 8TH FLOOR  
PITTSBURGH PA 15222

2. Principal Place of Business

1501 Biscayne Blvd.

3. Mailing Address

46 EDMC 210 Sixth Ave.

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

33rd Floor

City & State

Miami Florida

City & State

Pittsburgh PA 15222

Zip

33132

Country

USA

Zip

15222

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-2641065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

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

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, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | P                           | <input type="checkbox"/> Delete            |
| NAME           | FLEMING, ERIKA              |                                            |
| STREET ADDRESS | 1737 NORTH BAYSHORE DRIVE   |                                            |
| CITY-ST-ZIP    | MIAMI FL 33132              |                                            |
| TITLE          | S                           | <input type="checkbox"/> Delete            |
| NAME           | STEINBERG, FREDERICK W      |                                            |
| STREET ADDRESS | 300 SIXTH AVENUE, 8TH FLOOR |                                            |
| CITY-ST-ZIP    | PITTSBURGH PA 15222         |                                            |
| TITLE          | T                           | <input type="checkbox"/> Delete            |
| NAME           | GRIBBLE, KRISTEN H          |                                            |
| STREET ADDRESS | 300 SIXTH AVENUE, 8TH FLOOR |                                            |
| CITY-ST-ZIP    | PITTSBURGH PA 15222         |                                            |
| TITLE          | AS                          | <input type="checkbox"/> Delete            |
| NAME           | MINAHAN, SUSAN              |                                            |
| STREET ADDRESS | 300 SIXTH AVENUE, 8TH FLOOR |                                            |
| CITY-ST-ZIP    | PITTSBURGH PA 15222         |                                            |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | KALABOKE, WILLIAM S         |                                            |
| STREET ADDRESS | 1737 NORTH BAYSHORE DRIVE   |                                            |
| CITY-ST-ZIP    | MIAMI FL 33132              |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          | Director            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Gregory Baker Wolfe |                                                                              |
| STREET ADDRESS | 1501 Biscayne Blvd. |                                                                              |
| CITY-ST-ZIP    | Miami FL 33132      |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |

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 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: Kristen H. Gribble, Treasurer 1/23/03 412-562-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)