

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709786

1. Entity Name

MIAMI-DADE COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

300 NE SECOND AVENUE
MIAMI FL 33132

300 NE SECOND AVENUE
MIAMI FL 33132-2204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EICHENBERG, ROSEMARY
MIAMI DADE COMMUNITY COLLEGE FOUNDATION
300 NE 2ND AVENUE
MIAMI FL 33132

Name: **VIVIAN LOPEZ-MENDOZA**
Street Address (P.O. Box Number is Not Acceptable)

300 NE 2ND AVE., RM. 4102
City: **MIAMI** FL Zip Code: **33132**

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

Vivian Lopez-Mendoza

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

(NOTE: Registered Agent signature required when reinstating)

1/22/00
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: **VCD** ☒ Delete
NAME: **ARLAIN, RICARDO**
STREET ADDRESS: **100 SE SECOND STREET-13TH FLOOR**
CITY-ST-ZIP: **MIAMI FL 33131**

TITLE: **VCD** ☒ Change ☐ Addition
NAME: **DIAZ, VICTOR**
STREET ADDRESS: **25 W. FLAGLER ST., STE. 800**
CITY-ST-ZIP: **MIAMI, FL 33130**

TITLE: **P** ☐ Delete
NAME: **GONZALEZ-LEVY, SANDRA**
STREET ADDRESS: **300 NE SECOND AVENUE**
CITY-ST-ZIP: **MIAMI FL 33132**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **T** ☒ Delete
NAME: **CADENAS, EDUARDO**
STREET ADDRESS: **300 SECOND AVE -RM 4102-7**
CITY-ST-ZIP: **MIAMI FL 33132**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **CD** ☐ Delete
NAME: **BEATTY, ROBERT**
STREET ADDRESS: **701 BRICKELL AVE -30TH FLR**
CITY-ST-ZIP: **MIAMI FL 33131**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **CD** ☐ Delete
NAME: **BLANK, ANDREW S.**
STREET ADDRESS: **3455 NW 54 STRET**
CITY-ST-ZIP: **MIAMI FL**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VC** ☐ Delete
NAME: **CALDERIN, CAROLINA**
STREET ADDRESS: **5959 NW 7TH ST**
CITY-ST-ZIP: **MIAMI FL 33126**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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:

Sandra Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

Daytime Phone #

305-233-3242

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90153 036 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6169745** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required