

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744103

1. Entity Name

THE COLLEGE ASSISTANCE PROGRAM (CAP) OF DADÉ COU

Principal Place of Business

Mailing Address

1390 S. DIXIE HWY  
STE 2203  
MIAMI FL 33146  
US

1390 S. DIXIE HWY  
STE 2203  
MIAMI FL 33146  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1855923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANKEY, NANCY  
7220 ERWIN RD  
MIAMI FL 33143

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.

SIGNATURE

*Nancy R Pankey*

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

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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 PD ☐ Delete  
NAME ANZIVINO, JOHN R  
STREET ADDRESS 2699 S. BAYSHORE DR.  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☒ Addition  
NAME ANN L PAYNE  
STREET ADDRESS 200 E. LAS OLAS BLVD, # 1700  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE VD ☐ Delete  
NAME PANKEY, NANCY  
STREET ADDRESS 7220 ERWIN RD  
CITY-ST-ZIP MIAMI FL 33143

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

TITLE VD ☒ Delete  
NAME BARNES, GREGORY  
STREET ADDRESS 595 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE D ☐ Delete  
NAME CARVIDA, TERE  
STREET ADDRESS 1001 BRICKELL AVE - STE 2100  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME CANIDA, TERE  
STREET ADDRESS 1001 BRICKELL BAY DR, STE 2100  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*SICILIA L. PAYNE* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/01

00035089



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)