

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90034 047 ****70.00

DOCUMENT # 702242

1. Entity Name
UNIVERSITY OF MIAMI



Principal Place of Business OFFICE OF THE PRESIDENT 1252 MEMORIAL DR., ASHE BLDG., RM. 230 CORAL GABLES FL 33146 US	Mailing Address OFFICE OF THE PRESIDENT 1252 MEMORIAL DR., ASHE BLDG., RM. 230 CORAL GABLES FL 33146 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0624458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REYES, JUAN
JACKSON MEDICAL TOWERS
1500 N.W. 12TH AVE., STE. 1112 EAST
MIAMI FL 33136**

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHALALA, DONNA E 8565 OLD CUTLER RD. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FROST, PHILLIP 4400 BISCAYNE BLVD. 15ST FLR. MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COLSON, DEAN C 255 ARAGON AVE. 2ND FLR. CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WEEKS, MARTA S 7350 SOUTHWEST 162ND ST. 633157 MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARKIN, STANLEY H 5500 COLLINS AVE. APT. 603 MIAMI FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, ROBERT 16240 ONEIDA PL DAVIE FL 33331 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D Saladrigas, Carlos A. 11000 Southwest 83rd Avenue Miami, FL 33156-4307 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Complete list of Board Members <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Robert L. Blake* **REQUIRED Robert L. Blake 4/30/03 305.284.2700**

CR2E037 (10/02)

Attachment

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University of Miami Board of Trustees

Post Office Box 248042
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Phillip Frost
Chairman

* * *

Dean C. Colson
Vice Chair

Marta S. Weeks
Vice Chair

Carlos A. Saladrigas
Vice Chair

* * * * *

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Page 2 – Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 3 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 4 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 5 – Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 6 – Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 7 – Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Attachment

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Page 9 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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³ - ALL mail to Wyoming

LISTSbotbuslist