

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90286 035 \*\*\*\*61.25

0038547

**DOCUMENT # 709786**

1. Entity Name

**MIAMI-DADE COMMUNITY COLLEGE FOUNDATION, INC.**

**639916**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>300 N.E. 2ND AVENUE RM. 4102 MIAMI FL 33132</b>		Mailing Address <b>300 N.E. 2ND AVENUE RM. 4102 MIAMI FL 33132</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-6169745</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>LOPEZ-MENDOZA, VIVIAN 300 NE 2ND AVENUE, 4102 MIAMI FL 33132</b>		7. Name and Address of New Registered Agent  <b>ANA C. CARRASCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 NE 2 AVE # 4102</b> City <b>MIAMI FL 33132 FL</b> Zip Code	
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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 *Ana Carrasco* DATE 3/5/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DIAZ, VICTOR 25 W. FLAGLER ST., STE 800 MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Antonio L. Argiz, C.P.A. 25 West Flagler St. S-800 Miami, FL 33130-1780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ-LEVY, SANDRA 300 NE SECOND AVENUE MIAMI FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Al Dotson, Jr. 200 South Biscayne Blvd. - 10th Floor Miami, FL 33131-2336 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CADENAS, EDUARDO 300 SECOND AVE -RM 4102-7 MIAMI FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director/CEO Sam Gentry 300 N.E. 2nd Ave. Room 4102 Miami, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEATTY, ROBERT 701 BRICKELL AVE -30TH FLR MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Millar Wilson 220 Alhambra Circle - 12th Floor Coral Gables, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLANK, ANDREW S. 3455 NW 54 STRET MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CALDERIN, CAROLINA 5959 NW 7TH ST MIAMI FL 33126 <input checked="" type="checkbox"/> Delete	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 517, 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: *[Signature]* DATE 3/7/01 (305) 237-7617  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)