

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90076 036 ****70.00

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1. Entity Name

MIAMI-DADE COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business

**300 N.E. 2ND AVENUE
RM. 4102
MIAMI FL 33132**

Mailing Address

**300 N.E. 2ND AVENUE
RM. 4102
MIAMI FL 33132**

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

59-6169745

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRASCO, ANA C
300 NE 2ND AVENUE, 4102
MIAMI FL 33132**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	DIAZ, VICTOR	
STREET ADDRESS	25 W. FLAGLER ST., STE 800	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARGIZ, ANTONIO L C.P.A	
STREET ADDRESS	25 WEST FLAGLER ST. STE. #800	
CITY-ST-ZIP	MIAMI FL 33130-1780	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOTSON, JR, AL	
STREET ADDRESS	200 S. BICAYNE BLVD 10TH FL	
CITY-ST-ZIP	MIAMI FL 33131-2338	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GENTRY, SAM	
STREET ADDRESS	300 NE 2ND AVE RM. 4102	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, MILLAR	
STREET ADDRESS	220 ALHAMBRA CIR. 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	CALDERIN, CAROLINA	
STREET ADDRESS	5959 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33128	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert E. Dotson, Jr. Secy

Date

Daytime Phone #

CR2E037 (9/01)