

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

DOCUMENT # 709786

1. Entity Name
MIAMI-DADE COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business Mailing Address

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



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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VCD DIAZ, VICTOR 25 W. FLAGLER ST., STE 800 MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARGIZ, ANTONIO L C.P.A D 25 WEST FLAGLER ST STE.,#800 MIAMI FL 33130-1780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOTSON, JR, AL D 200 S. BICAYNE BLVD 10TH FL MIAMI FL 33131-2338	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GENTRY, SAM 300 NE 2ND AVE RM. 4102 MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, MILLAR D 220 ALHAMBRA CIR. 12TH FL CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CALDERIN, CAROLINA T 5959 NW 7TH ST MIAMI FL 33128	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: Albert E. Dotson, Jr. Date: 1/10/02 Daytime Phone #: 305 3502411

CR2E037 (9/01)