


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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90113 028 \*\*\*\*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

Zip      Country      Zip      Country

**JUL11010**



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **Alexandra Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)  
**300 NE 2 Avenue, Suite 4102**

City **Miami**      State **FL**      Zip Code **33132**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ALEXANDRA RODRIGUEZ**      **DIRECTOR OF DEVELOPMENT**      **01/23/03**

(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	<b>COBD DIAZ, VICTOR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>25 W. FLAGLER ST., STE 800</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE NAME	<b>VCD ARGIZ, ANTONIO L C.P.A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>25 WEST FLAGER ST STE.,#800</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130-1780</b>	
TITLE NAME	<b>SD DOTSON, JR, AL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>200 S. BICAYNE BLVD 10TH FL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131-2336</b>	
TITLE NAME	<b>ED GENTRY, SAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>300 NE 2ND AVE RM.,4102</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE NAME	<b>TD WILSON, MILLAR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>220 ALHAMBRA CIR. 12TH FL</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>COBD Mr. Antonio L. Argiz, C.P.A.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1001 Brickell Bay Drive - 9th Floor</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE NAME	<b>VCD Albert E. Dotson, Jr., Esq.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>200 South Biscayne Boulevard</b>	
CITY-ST-ZIP	<b>Miami, FL 33131-2336</b>	
TITLE NAME	<b>SD Arthur J. Furia, Esq.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>800 Brickell Avenue, Suite 1105</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE NAME	<b>ED Gentry, Sam</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>300 NE 2 Avenue, Room 4102</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE NAME	<b>T Mr. Millar Wilson</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>220 Alhambra Circle - 12th Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE NAME	<b>D Giovanni Lima</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>300 NE 2 Avenue Room 4102</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	

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 reports 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:  **GIOVANNI LIMA**      **1/23/03**      **305-237-3248**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)