

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

**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 ☒ **\$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 **Alexandra Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)

300 NE 2 Avenue, Suite 4102

City

Miami

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

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **COBD** ☐ Delete
NAME **DIAZ, VICTOR**
STREET ADDRESS **25 W. FLAGLER ST., STE 800**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **COBD** ☒ Change ☐ Addition
NAME **Mr. Antonio L. Argiz, C.P.A.**
STREET ADDRESS **1001 Brickell Bay Drive - 9th Floor**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **VCD** ☐ Delete
NAME **ARGIZ, ANTONIO L C.P.A**
STREET ADDRESS **25 WEST FLAGLER ST STE.,#800**
CITY-ST-ZIP **MIAMI-FL-33130-1780**

TITLE **VCD** ☒ Change ☐ Addition
NAME **Albert E. Dotson, Jr., Esq.**
STREET ADDRESS **200 South Biscayne Boulevard**
CITY-ST-ZIP **Miami, FL 33131-2336**

TITLE **SD** ☐ Delete
NAME **DOTSON, JR, AL**
STREET ADDRESS **200 S. BICAYNE BLVD 10TH FL**
CITY-ST-ZIP **MIAMI FL 33131-2336**

TITLE **SD** ☒ Change ☐ Addition
NAME **Arthur J. Furia, Esq.**
STREET ADDRESS **800 Brickell Avenue, Suite 1105**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **ED** ☐ Delete
NAME **GENTRY, SAM**
STREET ADDRESS **300 NE 2ND AVE RM.,4102**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **ED** ☐ Change ☐ Addition
NAME **Gentry, Sam**
STREET ADDRESS **300 NE 2 Avenue, Room 4102**
CITY-ST-ZIP **Miami, FL 33132**

TITLE **TD** ☐ Delete
NAME **WILSON, MILLAR**
STREET ADDRESS **220 ALHAMBRA CIR. 12TH FL**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **T** ☐ Change ☐ Addition
NAME **Mr. Millar Wilson**
STREET ADDRESS **220 Alhambra Circle - 12th Floor**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Giovanni Lima**
STREET ADDRESS **300 NE 2 Avenue Room 4102**
CITY-ST-ZIP **Miami, FL 33132**

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 OF 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)