

**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**

JUL11010



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6169745**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GIOVANNI LIMA

1/23/03

Date

305-237-3248

Daytime Phone #

CR2E037 (10/02)