

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717762

FILED
Mar 10, 2009
Secretary of State

Entity Name: FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

UNIVERSITY PARK CAMPUS
PC 511
MIAMI, FL 33199 US

New Principal Place of Business:

Current Mailing Address:

UNIVERSITY PARK CAMPUS
PC 511
MIAMI, FL 33199 US

New Mailing Address:

FEI Number: 23-7047106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, CRISTINA
11200 SW 8 STREET
PC 511, UNIVERSITY PARK CAMPUS
MIAMI, FL 33199 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KAHN, III, S. LAWRENCE
Address: 80 SW 8 STREET, SUITE 1870
City-St-Zip: MIAMI, FL 33130

Title: VC () Delete
Name: CARUNCHO, JOSEPH L
Address: 9100 SOUTH DADELAND BOULEVARD, SUITE 1250
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: GARCIA JOHNSON, DANY
Address: 9800 NW 41 STREET, SUITE 270
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: GUILLAMA, NOEL J
Address: 3420 FAIRLANE FARMS ROAD, SUITE C
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CARUNCHO, JOSEPH
Address: 9100 SOUTH DADELAND BOULEVARD, SUITE 1250
City-St-Zip: MIAMI, FL 33156

Title: VC (X) Change () Addition
Name: PRESCOTT, THOMAS G
Address: 1200 ANASTASIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: CERVERA GOESEKE, VERONICA
Address: 1492 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA MENDOZA

RA

03/10/2009

Electronic Signature of Signing Officer or Director

Date