2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90104 034 ****61.25

DOCUMENT # 744103

1. Entity Name

THE COLLEGE ASSISTANCE PROGRAM (CAP) OF DADE COU

Principal Place of Business	Mailing Address
5712 S.W. 77 TERR. MIAMI FL 33143 US	P.O. BOX 430991 MIAMI FL 33243-0991 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1390 S. Dixie Highway	1390 S. Dixie Highway
Suite, Apt. #, etc.: Suite #2203	Suite, Apt. #, etc.: Suite #2203
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: US	Zip: 33146 Country: US

4. FEI Number: 59-1855923 ☐ 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
PANKEY, NANCY 7220 ERWIN RD MIAMI FL 33143	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: Nancy P Pankey — 1-12-00

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TILLETT, BILL 200 S. BIXCAYNE BLVD - #1900 MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD John R. Anzivino 2699 S. Bayshore Dr. Coconut Grove, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PANKEY, NANCY 7220 ERWIN RD MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANZIVINO, JOHN R 2699 S. BAYSHORE DRIVE COCONUT GROVE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES, EDGAR C JR 1200 BRICKELL AVE STE 2100 MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARNES, GREGORY 595 BILTMORE WAY CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARVIDA, TERE 1001 BRICKELL AVE - STE 2100 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TERE CANIDA 1001 Brickell Ave, Ste 2100 Miami, FL 33131	☒ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED JOHN ANZIVINO — 1/12/00 — 305-857-6706

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