

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90458 006 ****61.25

DOCUMENT # 744103

1. Entity Name

THE COLLEGE ASSISTANCE PROGRAM (CAP) OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

1390 S. DIXIE HWY
 STE 2203
 MIAMI FL 33146
 US

1390 S. DIXIE HWY
 STE 2203
 MIAMI FL 33146
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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	PD	☐ Delete
NAME	ANZIVINO, JOHN R	
STREET ADDRESS	2699 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	☒ Delete
NAME	PANKEY, NANCY	
STREET ADDRESS	7220 ERWIN RD	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☐ Delete
NAME	CANIDA, TERE	
STREET ADDRESS	1001 BRICKELL BAY DR, STE 2100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	☒ Delete
NAME	PAYNE, ANN L	
STREET ADDRESS	200 E LAS OLAS BLVD, #1700	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	☐ Delete
NAME	IXCHEL M BAKER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	REBECCA SHOPAY	
STREET ADDRESS	9600 NW 38th ST	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	☐ Change ☒ Addition
NAME	NATASHA LOWELL	
STREET ADDRESS	185 WEST SUNRISE AVENUE	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	☐ Change ☒ Addition
NAME	IXCHEL M Baker	
STREET ADDRESS	482 NW 105th ST RD #A405	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

IXCHEL M BAKER

5/1/02 (305) 718-4378

CR2E037 (9/01)