## 2000 UNIFORM BUSINESS REPORT (UBR)

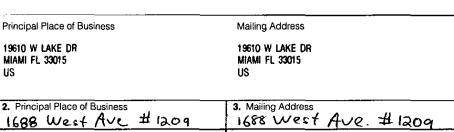
## **DOCUMENT # 771097**

1. Entity Name

## UNIVERSITY OF PENNSYLVANIA DADE ALUMNI CLUB, INC

## **FILED** Jul 26, 2000 8:00 am Secretary of State

07-26-2000 90043 046 \*\*\*\*70.00



MIAMI FL 330 US	15		Miami FL 33015 US	MAAMI FL 33015 US			ı acıcı Bibii dibil 20	A14 E+D11 18.5>	
2. Principal F	Place of Busin	ess # 1209	3. Mailing Address 1688 West A	Mailing Address 188 West Aue. #1209					
			Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE		
			<del>}</del>	Miami Beach, th		er <b>59-2358668</b>	<b>├</b>	oplied For ot Applicable	
<sup>Zip</sup> 33139		Country USA	33139	Country USA	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent			Address of New Registere	d Agent	=	
ANDERSO 19610 W MIAMI FL				Street Add	Street Address (P.O. Box Number is Not Acceptable)  1688 West Ave #1209				
***************************************	00010			City	· Pagg/	<b>F</b>	L Zip Code	e 9	
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 a	****	E: Registered Agent signature r		/ ( $\alpha$ DATE	,		
		: FEE IS \$61.25 2000 min. will be \$2:	9. Election Carr 36.25 Trust Fund Co	, , , , , , ,	\$5.00 May Be Added to Fees		k Payable to nt of State		
10.		OFFICERS AND DIR	RECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN		
TITLE NAME	d Howard,	ELSIE	☐ Delete	TITLE NAME			☐ Change	Addition S	
STREET ADDRESS CITY-ST-ZIP	4825 LAKI			STREET ADDRESS CITY-ST-ZIP				7007	
TITLE	VPD.		☐ Delete	TITLE	<u>-</u>	·	☐ Change	Addition C	
NAME STREET ADDRESS	LEVIN, ER 1688 WES	ic T ave #1209		NAME Street Address					
- CITY - ST - ZIP		H FL-33639		CITY-ST-ZIP	<u> </u>			<u> </u>	
TITLE NAME	PD   Calderoi	n, lissette	☐ Delete	title Name			☐ Change	☐ Addition	
STREET ADDRESS	PO BOX 1	-		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	·	ADELO TE GOTTA	☐ Delete	TITLE NAME STREET ADDRESS	,		☐ Change	Addition	
CITY-\$T-ZIP	<u></u>			C!TY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
12. I hereby of	ertify that the	information supplied with	this filing does not qualify for	the exemption stated	in Section 119.07(3)(	i), Florida Statutes. I further o	ertify that the in	ntormation 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 a changed, or on an attachment with an address, with all other like empowered.