

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 19610 W LAKE DR MIAMI FL 33015 US	Mailing Address 19610 W LAKE DR MIAMI FL 33015 US
--	--

2. Principal Place of Business 1688 West Ave #1209 Suite, Apt. #, etc.	3. Mailing Address 1688 West Ave. #1209 Suite, Apt. #, etc.
--	---

City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Country USA

4. FEI Number 59-2358668	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CLAIRE
19610 W LAKE DR
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name Eric Levin
Street Address (P.O. Box Number is Not Acceptable)
1688 West Ave #1209
City Miami Beach FL Zip Code 33139

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 *Eric Levin* Eric Levin 7/20/00
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 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, ELSIE 4825 LAKEVIEW DR MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVIN, ERIC 1688 WEST AVE #1209 MIAMI BCH FL 33639 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERON, LISSETTE PO BOX 143768 CORAL GABLES FL 33114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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: *Eric Levin* Eric Levin 7/20/00 305-591-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)