

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006484****1. Entity Name**
THE MIAMI-DADE CHARTER FOUNDATION, INC.

Principal Place of Business 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR ATTN: JONATHAN K. HAGE FORT LAUDERDALE FL 33308	Mailing Address 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR ATTN: JONATHAN K. HAGE FORT LAUDERDALE FL 33308
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2. Principal Place of Business 6245 NORTH FEDERAL HIGHWAY	3. Mailing Address 6245 NORTH FEDERAL HIGHWAY
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Suite, Apt. #, etc. 5TH FLOOR	Suite, Apt. #, etc. 5TH FLOOR
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City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
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Zip 33308	Country	Zip 33308	Country
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4. FEI Number 31-1748543	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPOZZUOLI EDWARD JESQ
C/O TRIPP SCOTT PA
110 SE 6TH STREET 15TH FLOOR
FORT LAUDERDALE FL 33301**7. Name and Address of New Registered Agent**

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 reinstalling)	02/24/2001 DATE
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**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**

TITLE D NAME POZZUOLI EDWARD J STREET ADDRESS 110 SE 6TH STREET 15TH FL CITY-ST-ZIP FORT LAUDERDALE FL 33301	☐ Delete
TITLE D NAME AVINO JOAQUIN STREET ADDRESS 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR CITY-ST-ZIP FORT LAUDERDALE FL 33308	☐ Delete
TITLE D NAME HAGE JONATHAN K STREET ADDRESS 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR CITY-ST-ZIP FORT LAUDERDALE FL 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** JONATHAN K HAGE D 02/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)