

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007521

1. Entity Name

THE MIAMI DEPARTMENT OF VETERANS AFFAIRS EDUCATION FOUNDATION, INC.

Principal Place of Business

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CEN
1201 NW 16TH ST.
MIAMI FL 33125

Mailing Address

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CEN
1201 NW 16TH ST.
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

DOWLING, RUTH
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CEN
10000 BAY PINES BLVD.
BAY PINES FL 33744

Name

Street Address (P.O. Box Number is Not Acceptable)

8. The above named entity submits this statement for the purpose of changing its regis

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis

FILE NOW: FEE IS \$61.25

9. Election Campaign
Trust Fund Contrib

10. OFFICERS AND DIRECTORS

TITLE D
NAME DOHERTY, THOMAS C
STREET ADDRESS 1201 NW 16TH ST.
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE D
NAME MINTZER, MICHAEL M
STREET ADDRESS 1201 NW 16TH ST.
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE D
NAME MARCIAL, EILEEN
STREET ADDRESS 1201 NW 16TH ST.
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE D
NAME LANGFORD, DRACE
STREET ADDRESS 720 PALM BAY LANE, 8 WEST
CITY-ST-ZIP MIAMI FL 33138

☐ Delete

TITLE D
NAME ROTHMAN, MAX B
STREET ADDRESS 743 ANASTASIA AVE.
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the ex indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-02 (205) 324-3179

Date

Daytime Phone #

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90554 001 *****8.75

02-25-2002 90554 002 *****61.25

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DO NOT WRITE IN THIS SPACE

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