

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002238

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

**Entity Name:** MIAMI FLORIDA UNIVERSITY, INC.

**Current Principal Place of Business:**

8560 SW 20TH CT  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8560 SW 20TH CT  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:** 20-5249231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVA, YVONNE  
8560 SW 20TH CT  
DAVIE, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DC  
**Name:** SHER, VICTOR  
**Address:** 7710 BANYAN TERR  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** DVC  
**Name:** SILVA, YVONNE  
**Address:** 8560 SW 20TH CT  
**City-St-Zip:** DAVIE, FL 33324

**Title:** DS  
**Name:** SHER, JUDITH A  
**Address:** 7710 BANYAN TERR  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** DT  
**Name:** SILVA CONTREAS, SERGIO P  
**Address:** 8560 SW 20TH CT  
**City-St-Zip:** DAVIE, FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** YVONNE SILVA

DC

04/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date