

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

08-14-2000 90002 033 \*\*\*\*61.25

**DOCUMENT # N07240**

1. Entity Name

**DADE COUNTY FAWL SCHOLARSHIP LOAN FUND INC.**

f

Principal Place of Business

Mailing Address

ONE BISCAYNE TOWER  
 STE ~~1570~~ ~~7910~~ 3750  
 MIAMI FL 33131  
 US

P O BOX 110708  
 MIAMI FL 33111-0708  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2480664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINBERG, DYANNE  
 ONE BISCAYNE TOWER  
 STE 1570  
 MIAMI FL 33134

Name  
**MARACINI, MICHELE**

Street Address (P.O. Box Number is Not Acceptable)  
**ONE BISCAYNE TOWER, SUITE ~~1570~~ 3750**

City **MIAMI** FL Zip Code **33131**

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

*Michele A. Maracini*

*May 12, 2000*

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FEINBERG, DYANNE	
STREET ADDRESS	ONE BISCAYNE TOWER STE 1570	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARACINI, MICHELE A	
STREET ADDRESS	7931 SW 45TH ST	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN SCOLA, JACQUELINE	
STREET ADDRESS	99 NE 4TH ST STE 600	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ZABEL, SHELLY	
STREET ADDRESS	100 S BISCAYNE BLVD STE 3100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERLOW-LEHNER, LISA	
STREET ADDRESS	80 SW 8TH ST STE 2900	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARACINI, MICHELE	
STREET ADDRESS	ONE BISCAYNE TOWER, SUITE 3750	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PRESIDENT - ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN-SCOLA, JACQUELINE	
STREET ADDRESS	99 N.E. 4TH ST, SUITE 600	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SECRETARY,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABEL, SHELLY	
STREET ADDRESS	100 S BISCAYNE BLVD, SUITE 3100	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI GIULIAN, TERI	
STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 200	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, DYANNE	
STREET ADDRESS	ONE BISCAYNE TOWER, SUITE 1570	
CITY-ST-ZIP	MIAMI, FL 33131	

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:

*Michele A. Maracini*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHELE A. MARACINI**  
 PRESIDENT 5-12-2000 (305) 379-4008

Date

Daytime Phone #

CR2E037 (9/99)