

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-01-2003 90171 034 ****61.25

DOCUMENT # N07240

1. Entity Name

DADE COUNTY FAWL SCHOLARSHIP LOAN FUND INC.



Principal Place of Business

Mailing Address

**ONE BISCAYNE TOWER
STE 1570
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

Zip

Country

Zip

Country

4. FEI Number **59-2480664**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, ROSANA
ONE BISCAYNE TOWER
201 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Hernandez, Rosana**
Street Address (P.O. Box Number is Not Acceptable)
One Biscayne Tower, 1570
2 South Biscayne Blvd
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **O** ☐ Delete
NAME **HERNANDEZ, ROSANA**
STREET ADDRESS **2 SO BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **O** ☐ Delete
NAME **STEINBAUM, SARAH**
STREET ADDRESS **44 W FLAGLER STREET, SUITE 2175**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **O** ☐ Change ☒ Addition
NAME **Sandra Hernandez**
STREET ADDRESS **2 south Biscayne Blvd.**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **O** ☐ Delete
NAME **BARZEE, MARK**
STREET ADDRESS **150 W FLAGLER STREET, 15TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **O** ☐ Change ☒ Addition
NAME **Chandale Suttle**
STREET ADDRESS **Park Place II Suite 3008**
CITY-ST-ZIP **1501 Venera Ave Coral Gables, FL 33146**

TITLE **PO** ☐ Delete
NAME **ZABEL, SARAH**
STREET ADDRESS **44 WEST FLAGLER ST. STE 2175**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **O** ☐ Change ☒ Addition
NAME **Roby Cynamon**
STREET ADDRESS **Dade County Courthouse**
CITY-ST-ZIP **73 West Flagler St. #1902 Miami, FL 33130**

TITLE **O** ☐ Delete
NAME **WALLACE, CAMILLE**
STREET ADDRESS **100 S. BISCAYNE BLVD., SUITE 3100**
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **PED** ☐ Delete
NAME **MAGID, DEBORAH**
STREET ADDRESS **100 S BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33131**

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

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 filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 305-358-8580

Date

Daytime Phone #

CR2E037 (10/02)