

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12783

1. Entity Name

MIAMI-DADE COMMUNITY COLLEGE INTERAMERICAN CENTE

Principal Place of Business

627 SW 27TH AVE
MIAMI FL 33135

Mailing Address

MIAMI-DADE COMMUNITY COLLEGE
300 NE 2ND AVE
MIAMI FL 33132
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

59-6169745

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

LUKENBILL, JEFFREY D
MIAMI-DADE COMMUNITY COLLEGE
300 NE 2ND AVENUE
MIAMI FL 33132

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

Jeffrey D. Lukenbill

May 11, 2001

Signature of officer or director 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.

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\$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: VD
NAME: BELTRAN, DULCE
STREET ADDRESS: 300 N.E. 2ND AVENUE
CITY-ST-ZIP: MIAMI FL

TITLE: VD
NAME: Mateo, Cristina
STREET ADDRESS: 300 N.E. 2nd Avenue
CITY-ST-ZIP: Miami, FL

TITLE: PD
NAME: LUKENBILL, JEFFREY D
STREET ADDRESS: 300 NE 2ND AVE
CITY-ST-ZIP: MIAMI FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
300004725143--1
-12/13/01--01063--011
****236.25 ****236.25

TITLE: STD
NAME: VICENTE, JOSE A
STREET ADDRESS: 300 NE 2ND AVE
CITY-ST-ZIP: MIAMI FL 33132

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
REINSTATEMENT

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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 like empowered.

SIGNATURE:

Jeffrey D. Lukenbill

November 27, 2001 (305)237-3803

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)