

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25080

1. Entity Name

MIAMI-DADE COUNTY SCHOOL BOARD FOUNDATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90104 030 ****61.25

Principal Place of Business

Mailing Address

% ROGER C. CUEVAS
1450 N.E. SECOND AVE.
MIAMI FL 33132-8308

% ROGER C. CUEVAS
1450 N.E. SECOND AVE.
MIAMI FL 33132-1308

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

65-0093213

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

CUEVAS, ROGER C
1450 N.E. 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

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 | D | <input type="checkbox"/> Delete |
| NAME | KROP, MICHAEL | 9601 Collins Ave. |
| STREET ADDRESS | 2001 NE 195TH DRIVE | Suite 1710 |
| CITY-ST-ZIP | N. MIAMI BEACH FL | Bal Harbour, FL 33154 |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRADDOCK, G. HOLMES | |
| STREET ADDRESS | 5029 S.W. 151ST PLACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TVP | <input type="checkbox"/> Delete |
| NAME | HINDS, RICHARD | |
| STREET ADDRESS | 1450 NE 2ND AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HANTMAN, PERLA TABARES | |
| STREET ADDRESS | 16181 WEST TROON CIRCLE | 16141 Aberdeen Wa |
| CITY-ST-ZIP | MIAMI LAKES FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KAPLAN, BETSY H | |
| STREET ADDRESS | 6790 SW 122ND DRIVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STINSON, SOLOMON C | |
| STREET ADDRESS | 6900 NW 5 AVE | |
| CITY-ST-ZIP | MIAMI FL 33150 | |

| | | |
|----------------|-----------------------------|---|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dr. Robert Ingram | |
| STREET ADDRESS | 1155 Sharar Avenue | |
| CITY-ST-ZIP | OpaLocka, FL 33054 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mr. Demetrio Perez, Jr., MS | |
| STREET ADDRESS | 300 N.W. 42 Avenue, #210 | |
| CITY-ST-ZIP | Miami, FL 33126 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dr. Marta Perez | |
| STREET ADDRESS | 8601 S.W. 4 Street | |
| CITY-ST-ZIP | Miami, FL 33144 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Manty Sabates Morse | |
| STREET ADDRESS | 1246 S.W. 15 Terrace | |
| CITY-ST-ZIP | Miami, FL 33145 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Dr. Richard H. Hinds April 27, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)