

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90122 041 ****61.25

DOCUMENT # N25080

1. Entity Name
MIAMI-DADE COUNTY SCHOOL BOARD FOUNDATION, INC.



Principal Place of Business

**1450 N.E. 2ND AVENUE
SUITE 912
MIAMI FL 33132-8308**

Mailing Address

**1450 N.E. 2ND AVENUE
SUITE 912
MIAMI FL 33132-8308**

10035210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0093213**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STIERHEIM, MERRETT
1450 NE 2 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Merrett Stierheim)- P/S

3/7/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BOLANOS, FRANK J**
STREET ADDRESS **3024 NW 99 PLACE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Change ☒ Addition
NAME **BARRERA, AGUSTIN J**
STREET ADDRESS **5030 SW 65 AVENUE**
CITY-ST-ZIP **SOUTH MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **COBO, FRANK J**
STREET ADDRESS **7441 SW 125 AVENUE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Change ☒ Addition
NAME **KROP, MICHAEL M**
STREET ADDRESS **9601 COLLINS AVENUE**
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

TITLE **D** ☐ Delete
NAME **HANTMAN, PERLA T**
STREET ADDRESS **16181 W. TROON CIRCLE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Change ☒ Addition
NAME **PEREZ, MARTA R**
STREET ADDRESS **1208 AGUILA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VT** ☐ Delete
NAME **HINDS, RICHARD H**
STREET ADDRESS **13723 SW 109 PLACE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **P/S** ☐ Change ☒ Addition
NAME **STIERHEIM, MERRETT R**
STREET ADDRESS **6720 SW 124 STREET**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Delete
NAME **INGRAM, ROBERT B**
STREET ADDRESS **1155 SHARAR AVENUE**
CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **D** ☐ Change ☒ Addition
NAME **STINSON, SOLOMON C**
STREET ADDRESS **6900 NW 5 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE **D** ☐ Delete
NAME **KAPLAN, BETSY**
STREET ADDRESS **6790 SW 122 DRIVE**
CITY-ST-ZIP **PINECREST FL 33156**

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Merrett Stierheim-P/S)

3/7/03 (305) 995-1430

CR2E037 (10/02)