

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91181 013 ****61.25

DOCUMENT # N 93000800417																													
1. Entity Name UNIVERSITY OF PENNSYLVANIA DADE ALUMNI FOUNDATION, INCORPORATED																													
Principal Place of Business 2500 E HALLANDALE BEACH BLVD SUITE 402 HALLANDALE FL 33009			Mailing Address 2500 E HALLANDALE BEACH BLVD SUITE 402 HALLANDALE FL 33009																										
2. Principal Place of Business 2500 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. 402			3. Mailing Address 2500 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. 402																										
City & State HALLANDALE FL		City & State HALLANDALE FL		4. FEI Number 65-0488720																									
Zip 33009		Country BROWARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ALAN MILLER			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 2500 E HALLANDALE BEACH BLVD - #402 City: HALLANDALE FL Zip Code: 33009																										
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: DATE: 5/15/01																													
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																										
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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: DATE: 5/15/01 DAYTIME PHONE: 954-450-9446

CR2E037 (11/00)