

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90052 038 ****61.25

DOCUMENT # N93000002250

1. Entity Name

DADE SCHOOLS ATHLETIC FOUNDATION, INC.

Principal Place of Business

Mailing Address

1500 BISCAYNE BLVD
 SUITE 343
 MIAMI FL 33132
 US

PO BOX 432184
 MIAMI FL 33143-2184
 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

65-0440175

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRIGA, IRENE
8501 FRANJO ROAD
MIAMI FL 33189

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	PD	<input type="checkbox"/> Delete
NAME	ENJAMIO, ESQ., MR. JUAN	
STREET ADDRESS	701 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NASH, MR. BILL	
STREET ADDRESS	7861 N.W. 55 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOLLEY, DOUG	
STREET ADDRESS	5000 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33416	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDEN, CHERYL	
STREET ADDRESS	1500 BISCAYNE BLVD., SUITE 343	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FUTTERMAN, MICHAEL	
STREET ADDRESS	ONE S.E. THIRD AVENUE, 10TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALAZS, MR. RON	
STREET ADDRESS	8865 S.W. 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	

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		
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: *M. Futterman* TREASURER *M. Futterman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01
 Date

305-377-4228
 Daytime Phone #

CR2E037 (10/00)