

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90107 002 ****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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0440175**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **ENJAMIO, ESQ., MR. JUAN**
STREET ADDRESS **701 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **PRESIDENT** **PDIRECTOR** ☒ Change ☐ Addition
NAME **DOUG JOLLEY**
STREET ADDRESS **5000 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL. 33416**

TITLE **VPD** ☒ Delete
NAME **JOLLEY, DOUG**
STREET ADDRESS **5000 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33416**

TITLE **VICE PRESIDENT** **VPDIRECTOR** ☐ Change ☒ Addition
NAME **JOE VEGA**
STREET ADDRESS **9332 SW 127 AVE.**
CITY-ST-ZIP **MIAMI, FL. 33186**

TITLE **SO** ☐ Delete
NAME **GOLDEN, CHERYL**
STREET ADDRESS **1500 BISCAYNE BLVD., SUITE 343**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **FUTTERMAN, MICHAEL**
STREET ADDRESS **ONE S.E. THIRD AVENUE, 10TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Futterman **FUTTERMAN, MICHAEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

305-397-4228

Daytime Phone #

CP2E037 (10/02)