

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003314**

1. Entity Name

MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNIN .**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90004 015 ****61.25

Principal Place of Business

11441 N.W. 2ND AVE.
PORTABLE 1
MIAMI SHORES FL 33168

Mailing Address

11441 N.W. 2ND AVE.
PORTABLE 1
MIAMI SHORES FL 33168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0770873

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POST, KEITH
1208 NE 99 ST
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200 SE 1st Street, Suite 1100

City

Miami**FL**

Zip Code

33131-2104

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.

Keith Post, Board Attorney Pro Bono, 1/9/2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEFFERNAN, WILLIAM 351 NORTHEAST 105 ST MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIANOS, FRED 11441 NW SECOND AVE MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, CHARLES 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'LAUGHLIN, JEANNE PH.D. 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, SARAH O 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHE, EVELYN PH.D 11300 NORTHEAST SECOND AVE. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Evelyn Piche, 1/9/2001, 305-899-3649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Title Name Street Address City-ST-Zip	D Jean Blum 275 N.E. 92 nd Street Miami Shores, FL 33138	Change	X Addition
Title Name Street Address City-ST-Zip	D Spero Canton 1025 N.E. 98 th Street Miami Shores, FL 33138	Change	X Addition
Title Name Street Address City-ST-Zip	D Wendell Graham 3100 Ponce de Leon Blvd. Coral Gables, FL 33134	Change	X Addition
Title Name Street Address City-ST-Zip	D Dr. Elaine Liftin 16705 Sapphire Springs Weston, FL 33331	Change	X Addition
Title Name Street Address City-ST-Zip	D Eric Parker 1935 N.E. 119th Rd. North Miami, FL 33181	Change	X Addition
Title Name Street Address City-ST-Zip	D Ronald Pelham 125 N.E. 98 th Street Miami Shores, FL 33138	Change	X Addition
Title Name Street Address City-ST-Zip	D Gladstone Phillips 1151 N.E. 90 th Street Miami, FL 33138	Change	X Addition
Title Name Street Address City-ST-Zip	D Barbara Quinaz 87 N.E. 93 rd Street Miami, FL 33138	Change	X Addition
Title Name Street Address City-ST-Zip	D Kay Spitzer P.O. Box 220650 Hollywood, FL 33022-0650	Change	X Addition

Attachment
#N97000003314
934720