

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90016 034 \*\*\*\*61.25

**DOCUMENT # N97000003314**

1. Entity Name

**MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNIN  
G COMMUNITY" (CLC), INC.**

Principal Place of Business

Mailing Address

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

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

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

**65-0770873**

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

**POST, KEITH  
200 SE 1ST STREET SUITE 1100  
MIAMI FL 33131-2104**

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 **C** ☐ Delete  
NAME **HEFFERNAN, WILLIAM**  
STREET ADDRESS **351 NORTHEAST 105 ST**  
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **S** ☒ Delete  
NAME **DAMIANOS, FRED**  
STREET ADDRESS **11441 NW SECOND AVE**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **S** ☒ Change ☐ Addition  
NAME **Kelley, Christopher**  
STREET ADDRESS **11098 Biscayne Blvd. Suite 205**  
CITY-ST-ZIP **miami, FL 33161**

TITLE **D** ☐ Delete  
NAME **COBB, CHARLES**  
STREET ADDRESS **11300 NORTHEAST SECOND AVE.**  
CITY-ST-ZIP **MIAMI SHORES FL 33161**

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

TITLE **D** ☐ Delete  
NAME **O'LAUGHLIN, JEANNE PH.D.**  
STREET ADDRESS **11300 NORTHEAST SECOND AVE.**  
CITY-ST-ZIP **MIAMI SHORES FL 33161**

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

TITLE **D** ☒ Delete  
NAME **CAVANAUGH, SARAH O**  
STREET ADDRESS **11300 NORTHEAST SECOND AVE.**  
CITY-ST-ZIP **MIAMI SHORES FL 33161**

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

TITLE **P** ☐ Delete  
NAME **PICHE, EVELYN PH.D**  
STREET ADDRESS **11300 NORTHEAST SECOND AVE.**  
CITY-ST-ZIP **MIAMI SHORES FL 33161**

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:

*Evelyn Piche*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Evelyn Piche 4/4/02 305-899-3649**

CR2E037 (9/01)

Title Name Street Address City, ST - Zip	D Jorge Ardura 2366 S.W. 6 St. Apt# 3110 Miami, FL 33161 Change X Addition
Title Name Street Address City, ST - Zip	D Jean Blum 275 N.E. 92 St. Miami Shores, FL 33138 Change X Addition
Title Name Street Address City, ST - Zip	D Spero Canton 1025 N.E. 98 St. Miami Shores, FL 33138 Change X Addition
Title Name Street Address City, ST - Zip	D Hon. 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 Jacqueline McGlone 11300 N.E. 2 Ave. - P.O. Box 105 Miami Shores, FL 33161 Change X Addition
Title Name Street Address City, ST - Zip	D Eric Parker 1935 N.E. 119 Road North Miami, FL 33181 Change X Addition
Title Name Street Address City, ST - Zip	D Barbara Quinaz 87 N.E. 93 St. Miami, FL 33138 Change X Addition
Title Name Street Address City, ST - Zip	D Kay Spitzer P.O. Box 220650 Hollywood, FL 33022 Change X Addition
Title Name Street Address City, ST - Zip	D Dr. Maria Stallions 11300 N.E. 2 Ave. - Attn: School of Ed. Miami Shores, FL 33161 Change X Addition
Title Name Street Address City, ST - Zip	D Melody Ray 126 N.E. 93 St. Miami, FL 33138 Change X Addition