

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003594

1. Entity Name

MIAMI-DADE RESIDENT COLLEGE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90174 022 ****70.00

Principal Place of Business

Mailing Address

7217 N.E. MIAMI COURT
NEWBURG BUILDING
MIAMI FL 33138

P.O. BOX 6912
MIAMI FL 33101

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

65-0845130

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

DAVIS, PHILLIP
7217 N.E. MIAMI COURT
C/O MIAMI-DADE RESIDENT COLLEGE, INC.
MIAMI FL 33138

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 | D/P | <input type="checkbox"/> Delete |
| NAME | FORCHION, GUY | |
| STREET ADDRESS | 160 N.W. 101 STREET | |
| CITY-ST-ZIP | MIAMI FL 33150 | |
| TITLE | D/P | <input type="checkbox"/> Delete |
| NAME | MADISON, HELEN | |
| STREET ADDRESS | 26844 S.W. 127 AVENUE | |
| CITY-ST-ZIP | NARANJA FL 33032 | |
| TITLE | D/S | <input type="checkbox"/> Delete |
| NAME | MICHEL, PAMELA | |
| STREET ADDRESS | 2169 N.W. 57 STREET | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | D/T | <input type="checkbox"/> Delete |
| NAME | MULLINS, BETTY | |
| STREET ADDRESS | 26853 S.W. 128 AVENUE | |
| CITY-ST-ZIP | NARANJA FL 33032 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMPSON, ALARNETTA | |
| STREET ADDRESS | 26341 S.W. 139 COURT | |
| CITY-ST-ZIP | NARANJA FL 33032 | |
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | DAVIS, PHILLIP | |
| STREET ADDRESS | P.O. BOX 4254 | |
| CITY-ST-ZIP | MIAMI FL 33101 | |

| | |
|----------------|---|
| 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 | |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 (805) 756-2834

CR2E037 (9/99)