

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000003594**

1. Entity Name

**MIAMI-DADE RESIDENT COLLEGE, INC.****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90095 009 \*\*\*\*\*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 &amp; State

City &amp; State

4. FEI Number

**65-0845130**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Date

Daytime Phone #

**4/25/01 (305) 754-2525**

CR2E037 (10/00)