

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003594**

1. Entity Name

MIAMI-DADE RESIDENT COLLEGE, INC.**FILED****May 20, 2002 8:00 am**
Secretary of State

05-20-2002 90118 018 ****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 \$61.259. 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			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FORCHION, GUY	160 N.W. 101 STREET	MIAMI FL 33150						
	D/S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MICHEL, PAMELA	2169 N.W. 57 STREET	MIAMI FL 33142						
	D/T			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MULLINS, BETTY	26853 S.W. 128 AVENUE	NARANJA FL 33032						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	THOMPSON, ALARNETTA	26341 S.W. 139 COURT	NARANJA FL 33032						
	CEO			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DAVIS, PHILLIP	P.O. BOX 4254	MIAMI FL 33101						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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 a address, with all other like empowered.

SIGNATURE:

USE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (305) 761-3535

Date

Daytime Phone #