

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90058 045 \*\*\*150.00

2000674  
AV

**DOCUMENT #** P02000068878

**1. Entity Name**  
FLORIDA DADE UNIVERSITY, INC.



**Principal Place of Business**  
~~1985 NW 88 CT STE 201~~  
~~MIAMI FL 33172~~

**Mailing Address**  
~~1985 NW 88 CT STE 201~~  
~~MIAMI FL 33172~~



**2. Principal Place of Business**  
3310 PONCE DE LEON BLVD.  
Suite, Apt. #, etc. 260

**3. Mailing Address**  
3310 PONCE DE LEON BLVD  
Suite, Apt. #, etc. 260

CHECK HERE IF MAKING CHANGES

**City & State**  
CORAL GABLES, FLORIDA

**City & State**  
CORAL GABLES, FLORIDA

**Zip** 33134 **Country** USA

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**4. FEI Number**  
52-2368207

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~CAMPO, PEDRO L~~  
~~1985 NW 88 CT STE 201~~  
~~MIAMI FL 33172~~

**7. Name and Address of New Registered Agent**

Name: MARU ACEITUNO

Street Address (P.O. Box Number, Apt. #, etc.): 19413 NW 23 PLACE

City: PEMBROKE PINES FL Zip Code: 33029

**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. I am familiar with, and accept, the obligations of registered agent.**

SIGNATURE: *[Signature]* DATE: Feb 28 - 2003

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAGAS, SERGLO A	
STREET ADDRESS	1985 NW 88 CT STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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 607, 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 REQUIRED *2/28/03* *786-262 0089*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)