

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90286 035 \*\*\*\*61.25

0038547

**DOCUMENT # 709786**

1. Entity Name

**MIAMI-DADE COMMUNITY COLLEGE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

300 N.E. 2ND AVENUE  
 RM. 4102  
 MIAMI FL 33132

300 N.E. 2ND AVENUE  
 RM. 4102  
 MIAMI FL 33132

**639916**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6169745**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~LOPEZ-MENDOZA, VIVIAN~~  
~~300 NE 2ND AVENUE, 4102~~  
~~MIAMI FL 33132~~

ANA CRISTINA CARRASCO  
 300 NE. 2nd AVENUE  
 Room 4102  
 Miami, FL 33132

Name **ANA C. CARRASCO**

Street Address (P.O. Box Number is Not Acceptable)

**300 NE 2 AVE # 4102**

City **MIAMI FL 33132 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

*Ana Carrasco*

**3/5/01**

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	VCD DIAZ, VICTOR 25 W. FLAGLER ST., STE 800 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ-LEVY, SANDRA 300 NE SECOND AVENUE MIAMI FL 33132	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CADENAS, EDUARDO 300 SECOND AVE -RM 4102-7 MIAMI FL 33132	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEATTY, ROBERT 701 BRICKELL AVE -30TH FLR MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLANK, ANDREW S. 3455 NW 54 STRET MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CALDERIN, CAROLINA 5959 NW 7TH ST MIAMI FL 33126	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Antonio L. Argiz, C.P.A. 25 West Flagler St. S-800 Miami, FL 33130-1780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Al Dotson, Jr. 200 South Biscayne Blvd. - 10th Floor Miami, FL 33131-2336	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director/CEO Sam Gentry 300 N.E. 2nd Ave. Room 4102 Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Millar Wilson 220 Alhambra Circle - 12th Floor Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/01 (305) 237-7617**

Date

Daytime Phone #

CR2E037 (10/00)