


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90113 028 ****70.00

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**

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RM. 4102
MIAMI FL 33132**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

JUL11010



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6169745** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARRASCO, ANA C
300 NE 2ND AVENUE, 4102
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name **Alexandra Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)
300 NE 2 Avenue, Suite 4102

City **Miami** State **FL** Zip Code **33132**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ALEXANDRA RODRIGUEZ** **DIRECTOR OF DEVELOPMENT** **01/23/03**

(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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	COBD DIAZ, VICTOR	<input type="checkbox"/> Delete
STREET ADDRESS	25 W. FLAGLER ST., STE 800	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE NAME	VCD ARGIZ, ANTONIO L C.P.A	<input type="checkbox"/> Delete
STREET ADDRESS	25 WEST FLAGER ST STE.,#800	
CITY-ST-ZIP	MIAMI FL 33130-1780	
TITLE NAME	SD DOTSON, JR, AL	<input type="checkbox"/> Delete
STREET ADDRESS	200 S. BICAYNE BLVD 10TH FL	
CITY-ST-ZIP	MIAMI FL 33131-2336	
TITLE NAME	ED GENTRY, SAM	<input type="checkbox"/> Delete
STREET ADDRESS	300 NE 2ND AVE RM.,4102	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE NAME	TD WILSON, MILLAR	<input type="checkbox"/> Delete
STREET ADDRESS	220 ALHAMBRA CIR. 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	COBD Mr. Antonio L. Argiz, C.P.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 Brickell Bay Drive - 9th Floor	
CITY-ST-ZIP	Miami, FL 33131	
TITLE NAME	VCD Albert E. Dotson, Jr., Esq.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 South Biscayne Boulevard	
CITY-ST-ZIP	Miami, FL 33131-2336	
TITLE NAME	SD Arthur J. Furia, Esq.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800 Brickell Avenue, Suite 1105	
CITY-ST-ZIP	Miami, FL 33131	
TITLE NAME	ED Gentry, Sam	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300 NE 2 Avenue, Room 4102	
CITY-ST-ZIP	Miami, FL 33132	
TITLE NAME	T Mr. Millar Wilson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	220 Alhambra Circle - 12th Floor	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE NAME	D Giovanni Lima	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	300 NE 2 Avenue Room 4102	
CITY-ST-ZIP	Miami, FL 33132	

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 reports 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:  **GIOVANNI LIMA** **1/23/03** **305-237-3248**

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

CR2E037 (10/02)