

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702242

**FILED**  
**Feb 24, 2021**  
**Secretary of State**  
**0002146332CC**

**Entity Name:** UNIVERSITY OF MIAMI

**Current Principal Place of Business:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 1200  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 1200  
CORAL GABLES, FL 33146 US

**FEI Number:** 59-0624458

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SPEZIANI, HUMBERTO  
UM RISK MANAGEMENT  
1320 SOUTH DIXIE HIGHWAY S-1200  
CORAL GABLES, FL 33146 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	FRENK, JULIO
Address	1252 MEMORIAL DRIVE ASHE BUILDING 230
City-State-Zip:	CORAL GABLES FL 33146
Title	EXECUTIVE VICE PRESIDENT AND PROVOST
Name	DUERK, JEFFREY L.
Address	1252 MEMORIAL DRIVE ASHE ADMINISTRATION BUILDING 230
City-State-Zip:	CORAL GABLES FL 33146

Title	SECRETARY
Name	DELLINGER ACEITUNO, LESLIE
Address	1252 MEMORIAL DRIVE ASHE ADMINISTRATION BUILDING SUITE 250
City-State-Zip:	CORAL GABLES FL 33146
Title	EXECUTIVE VICE PRESIDENT FOR BUSINESS AND FINANCE AND COO
Name	TRAVISANO, JAQUELINE A.
Address	1252 MEMORIAL DRIVE ASHE ADMINISTRATION BUILDING SUITE 230
City-State-Zip:	CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LESLIE DELLINGER ACEITUNO

**SECRETARY**

**02/24/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date