

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702242

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC5353265207**

**Entity Name:** UNIVERSITY OF MIAMI

**Current Principal Place of Business:**

THE ASHE ADMINISTRATION BUILDING  
1252 MEMORIAL DR.  
CORAL GABLES, FL 33146

**Current Mailing Address:**

OFFICE OF THE SECRETARY  
P.O. BOX 248052  
CORAL GABLES, FL 33124 US

**FEI Number:** 59-0624458

**Certificate of Status Desired:** Yes

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

ORANGE, ANDREA E  
1320 SOUTH DIXIE HIGHWAY  
SUITE 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 P  
Name SHALALA, DONNA E  
Address 1252 MEMORIAL DR., ASHE BLDG.,  
RM. 230  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name LEBLANC, THOMAS J  
Address 1252 MEMORIAL DR., ASHE BLDG.,  
RM. 230  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name NATOLI, JOSEPH  
Address 1252 MEMORIAL DR., ASHE BLDB.,  
RM. 230  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name UGALDE, AILEEN MGC  
Address 1320 S. DIXIE HWY, SUITE 1230  
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: AILEEN M. UGALDE

VP, GENERAL COUNSEL 04/27/2015  
AND SECRETARY OF THE  
UNIVERSITY OF MIAMI

