

**2026 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 702242

**Entity Name:** UNIVERSITY OF MIAMI

**Current Principal Place of Business:**

NEWMAN ALUMNI CENTER, C/O RISK MANAGEMENT  
6200 SAN AMARO DRIVE SUITE 430  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P.O. BOX 248106  
CORAL GABLES, FL 33146 US

**FEI Number: 59-0624458**

**Certificate of Status Desired:** Yes

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

SPEZIANI, HUMBERTO  
UHEALTH DISTRIBUTION CENTER, C/O REGISTERED AGENT  
1080 SE 5TH STREET SUITE 100  
HIALEAH, FL 33010 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            ECHEVARRIA, JOSEPH J.  
Address        1252 MEMORIAL DRIVE  
                  ASHE BUILDING 230  
City-State-Zip: CORAL GABLES FL 33146

Title            PROVOST AND EXECUTIVE VICE  
                  PRESIDENT FOR ACADEMIC AFFAIRS  
Name            SAMUELS, JOEL H  
Address        1252 MEMORIAL DRIVE  
                  ASHE ADMINISTRATION BUILDING  
                  230  
City-State-Zip: CORAL GABLES FL 33146

Title            CHIEF EXECUTIVE OFFICER  
Name            ECHEVARRIA, JOSEPH J.  
Address        ASHE ADMINISTRATION BUILDING  
                  1252 MEMORIAL DRIVE SUITE 230  
City-State-Zip: CORAL GABLES FL 33146

Title            SECRETARY  
Name            DAVIS, FRANCES MARINE  
Address        1252 MEMORIAL DRIVE  
                  ASHE ADMINISTRATION BUILDING  
                  SUITE 230  
City-State-Zip: CORAL GABLES FL 33146

Title            EXECUTIVE VICE PRESIDENT FOR  
                  UNIVERSITY OPERATIONS AND  
                  EXTERNAL AFFAIRS  
Name            FERNANDEZ, RUDY  
Address        ASHE ADMINISTRATION BUILDING  
                  1252 MEMORIAL DRIVE 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: FRANCES MARINE-DAVIS**

**SECRETARY**

**05/15/2026**

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

\_\_\_\_\_  
Date