

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 702242

Entity Name: UNIVERSITY OF MIAMI

Current Principal Place of Business:

1320 SOUTH DIXIE HIGHWAY
SUITE 1200
CORAL GABLES, FL 33146

Current Mailing Address:

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

FEI Number: 59-0624458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPEZIANI, HUMBERTO
UM RISK MANAGEMENT
P.O. BOX 248106
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 INTERIM EXECUTIVE VICE
 PRESIDENT AND PROVOST
Name PRADO, GUILLERMO
Address 1252 MEMORIAL DRIVE
 ASHE ADMINISTRATION BUILDING
 230
City-State-Zip: CORAL GABLES FL 33146

Title CHIEF EXECUTIVE OFFICER
Name ECHEVARRIA, JOE
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 AND CHIEF OF
 STAFF
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

08/10/2023

Electronic Signature of Signing Officer/Director Detail

Date