

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744103

Entity Name: THE COLLEGE ASSISTANCE PROGRAM (CAP) OF MIAMI-DADE COUNTY, INC.**FILED**
Jan 21, 2021
Secretary of State
1687447115CC**Current Principal Place of Business:**40 NW 3RD STREET, SUITE 305
MIAMI, FL 33128-1838**Current Mailing Address:**40 NW 3RD STREET, SUITE 305
MIAMI, FL 33128-1838 US**FEI Number: 65-0082772****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE MIAMI FOUNDATION, INC.
40 NW 3RD STREET, SUITE 305
MIAMI, FL 33128-1838 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:** CARLOS ABAUNZA, CFO**01/21/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ALVAREZ, ALAN
Address	40 NW 3RD STREET, SUITE 305
City-State-Zip:	MIAMI FL 33128-1838

Title	TREASURER AND SECRETARY
Name	ANZIVINO, JOHN R.
Address	40 NW 3RD STREET, SUITE 305
City-State-Zip:	MIAMI FL 33128-1838

Title	DIRECTOR
Name	FISHMAN LIPSEY, REBECCA
Address	40 NW 3RD STREET, SUITE 305
City-State-Zip:	MIAMI FL 33128-1838

Title	COO
Name	VIVES, JULIE
Address	40 NW 3RD STREET, SUITE 305
City-State-Zip:	MIAMI FL 33128-1838

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: JULIE VIVES**COO****01/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date