

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 722150**

1. Entity Name

SACRED HEART ALUMNAE DELEGATION, INC.

Principal Place of Business

1700 SEGOVIA
CORAL GABLES FL 33134

Mailing Address

1700 SEGOVIA
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7171466

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLA, CELIA
1700 SEGOVIA
CORAL GABLE FL 33134

7. Name and Address of New Registered Agent

Name

MARTHA B SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)

3307 SW 87 PL

City

MIAMI

FL

Zip Code

33165

8. 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

Martha B Sanchez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/17/2000

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MARGARITA, SALA
STREET ADDRESS 2950 S.W. 3RD AVE #6-G
CITY-ST-ZIP MIAMI FL 33129TITLE D ☐ Delete
NAME BUIGAS, ELENA R
STREET ADDRESS 10361 S.W. 13 ST.
CITY-ST-ZIP MIAMI FL 33174TITLE D ☒ Delete
NAME CASTELLA, CELIA
STREET ADDRESS 1700 SEGOVIA
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Change ☒ Addition
NAME MARTHA B SANCHEZ
STREET ADDRESS 3307 SW 87 PL
CITY-ST-ZIP MIAMI FL 33165TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2000

Date

305-479-3045

Daytime Phone #

CF2E037 (9/99)