

# 2001 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

5785 DEVONSHIRE BLVD  
Suite, Apt. #, etc.  
MIAMI FL

City & State

Zip  
33155

Country

USA

3. Mailing Address

P.O. Box 558452  
Suite, Apt. #, etc.  
MIAMI FL

City & State

Zip  
33155

Country

USA



DO NOT WRITE IN THIS SPACE

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

SANCHEZ, MARTHA B  
3307 SW 87 PL  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Martina B Sanchez MARTHA B. SANCHEZ 4/16/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARGARITA, SALA 2950 S.W. 3RD AVE #6-G MIAMI FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUIGAS, ELENA R 10361 S.W. 13 ST. MIAMI FL 33174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, MARTHA B 3309 SW 87 PL MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY LOU F. RODRIGUEZ 5785 DEVONSHIRE BLVD MIAMI 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rebeca Bolivar 333 University Dr. Apt 135 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Lou F. Rodriguez MARY LOU F. RODRIGUEZ 4/16/01 (305) 663-8718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)