

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90365 042 ****70.00

DOCUMENT # 722150

1. Entity Name

SACRED HEART ALUMNAE DELEGATION, INC.



Principal Place of Business

5785 DEVONSHIRE BLVD
MIAMI FL 33155

Mailing Address

PO BOX 558452 P.O. Box 142113
MIAMI FL 33155 Coral Gables, FL.
33114

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

~~SANCHEZ, MARTHA B~~
~~3307 SW 87 PL~~
~~MIAMI FL 33165~~

7. Name and Address of New Registered Agent

Name **Gladys M. Paradelo**
Street Address (P.O. Box Number is Not Acceptable)
5755 SW 48 ST
City **Miami** FL Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gladys Paradelo

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARY LOU F	
STREET ADDRESS	5785 DEVONSHIRE BLVD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOLIVAR, REBECA	
STREET ADDRESS	333 UNIVERSITY DR APT 135	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, MARTHA B	
STREET ADDRESS	3307 SW 87 PL	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladys Loynaz Arango	
STREET ADDRESS	15033 SW 110 TER	
CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes La Vista	
STREET ADDRESS	322 Ponce de Leon	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladys M. Paradelo	
STREET ADDRESS	5755 SW 48 ST	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gladys Paradelo

305-665-4406
4-28-03

CR2E037 (10/02)