

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003487

1. Entity Name

SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI ASSO

Principal Place of Business

Mailing Address

C/O MR. BENJAMIN SARDINAS
3049 MARY STREET
MIAMI FL 33133
US

C/O MR. BENJAMIN SARDINAS
3049 MARY STREET
MIAMI FL 33133
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARDINAS, BENJAMIN A
3049 MARY ST.
MIAMI FL 33133

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT
NAME POPRITKIN, LAWRENCE
STREET ADDRESS 3049 MARY ST.
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME ORTIZ, NATHANIEL
STREET ADDRESS 9601 SW 164 COURT
CITY-ST-ZIP MIAMI FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVS
NAME SARDINAS, BENJAMIN
STREET ADDRESS 3049 MARY ST
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GAVIRIA, FRANCISCO J
STREET ADDRESS 10450 SW 126TH AVE
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90030 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/20/2000

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