## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003487

Entity Name: SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O JOAQUIN URQUIOLA 2121 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134

## **Current Mailing Address:**

C/O JOAQUIN URQUIOLA 2121 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134 US

FEI Number: 65-0765057 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

URQUIOLA, JOAQUIN C/O JOAQUIN URQUIOLA 2121 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134 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: JOAQUIN URQUIOLA 04/22/2015

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title DP

Name URQUIOLA, JOAQUIN

Address C/O JOAQUIN URQUIOLA

2121 PONCE DE LEON BLVD STE

1100

City-State-Zip: CORAL GABLES FL 33134

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: JOAQUIN URQUIOLA

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

04/22/2015 Date

FILED Apr 22, 2015

**Secretary of State** 

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