

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003487

**Entity Name:** SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI ASSOCIATION, INC.

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC5278074140**

**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**

**DIRECTOR**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date