

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001482

**FILED**  
**Feb 06, 2016**  
**Secretary of State**  
**CC1144398817**

**Entity Name:** THE GRADUATE ASSOCIATION OF PHI GAMMA DELTA AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

**Current Principal Place of Business:**

EWM - RON SHUFFIELD  
355 ALHAMBRA CIRCLE, SUITE 950  
CORAL GABLES, FL 33134

**Current Mailing Address:**

EWM - RON SHUFFIELD  
355 ALHAMBRA CIRCLE, SUITE 950  
CORAL GABLES, FL 33134

**FEI Number: 65-0689397**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSS, JONATHAN  
126 MENDOZA AVE  
APT 12  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           O'KURLEY, ASHLEY  
Address        575 CRANDON BLVD, APT 812  
City-State-Zip: KEY BISCAWAYNE FL 33149

Title           VP  
Name           ROSS, JONATHAN  
Address        126 MENDOZA AVE, APT 12  
City-State-Zip: CORAL GABLES FL 33134

Title           TREASURER  
Name           GARCIA-CASARIEGO, LESTER  
Address        7450 SW 165 TER  
City-State-Zip: PALMETTO BAY FL 33157

Title           SECRETARY  
Name           PINO, JAVIER  
Address        1298 NW 141 AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title           DIRECTOR  
Name           PEREIRA, STEPHEN M JR.  
Address        10840 SW 240 LN  
City-State-Zip: MIAMI FL 33032

Title           DIRECTOR  
Name           SHUFFIELD, RON  
Address        9568 SW 67 COURT  
City-State-Zip: MIAMI FL 33156

Title           DIRECTOR  
Name           NAVAS, JOHN  
Address        2081 RENAISSANCE BLVD  
                  APT 304  
City-State-Zip: MIRAMAR FL 33025

*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: LESTER GARCIA-CASARIEGO**

**TREASURER**

**02/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date