

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001482

FILED
Feb 06, 2024
Secretary of State
7589802634CC

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

Current Principal Place of Business:

EWM - RON SHUFFIELD
201 ALHAMBRA CIRCLE, SUITE 1060
CORAL GABLES, FL 33134

Current Mailing Address:

EWM - RON SHUFFIELD
201 ALHAMBRA CIRCLE, SUITE 1060
CORAL GABLES, FL 33134 US

FEI Number: 65-0689397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'KURLEY, ASHLEY
1805 PONCE DE LEON BLVD
APT 528
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: ASHLEY O'KURLEY

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name O'KURLEY, ASHLEY
Address 1805 PONCE DE LEON BLVD
 APT 528
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name GARCIA-CASARIEGO, LESTER
Address 345 OCEAN DRIVE
 APT 917
City-State-Zip: MIAMI BEACH FL 33139

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 23321 SW 118TH AVE
City-State-Zip: HOMESTEAD FL 33032

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

Title VP
Name NAVAS, JOHN
Address 8951 NW 21ST STREET
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name RUQUE, OSCAR
Address 4245 SW 165 CT
City-State-Zip: MIAMI FL 33185

Title DIRECTOR
Name ANDERSON, AARON
Address 210 SEA VIEW DRIVE
 APT 211
City-State-Zip: KEY BISCAWAYNE FL 33149

Continues on page 2

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: GARCIA-CASARIEGO, LESTER

TREASURER

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MERCADO, ANTHONY
Address 333 UNIVERSITY DRIVE, APT 303
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name AGUILAR DE DIOS, JONATHON
Address 8787 E MOUNTAIN VIEW RD
UNIT 1095
City-State-Zip: SCOTTSDALE AZ 85258