Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001482

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

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			02/26/2023
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	O'KURLEY, ASHLEY	Name	GARCIA-CASARIEGO, LESTER	R
Address	1805 PONCE DE LEON BLVD APT 528	Address	345 OCEAN DRIVE APT 917	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI BEACH FL 33139	
Title	SECRETARY	Title	DIRECTOR	
Name	PINO, JAVIER	Name	PEREIRA, STEPHEN M JR.	
Address	1298 NW 141 AVE	Address	23321 SW 118TH AVE	
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	HOMESTEAD FL 33032	
Title	DIRECTOR	Title	VP	
Name	SHUFFIELD, RON	Name	NAVAS, JOHN	
Address	9568 SW 67 COURT	Address	8951 NW 21ST STREET	
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	PEMBROKE PINES FL 33024	
Title	DIRECTOR	Title	DIRECTOR	
Name	RUQUE, OSCAR	Name	ANDERSON, AARON	
Address	4245 SW 165 CT	Address	210 SEA VIEW DRIVE APT 211	
City-State-Zip:	MIAMI FL 33185	City-State-Zip:		

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: LESTER GARCIA-CASARIEGO	TREASURER	02/26/2023
------------------------------------	-----------	------------

Feb 26, 2023 Secretary of State 2294264720CC

FILED

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MERCADO, ANTHONY	Name	AGUILAR DE DIOS, JONATHON
Address	333 UNIVERSITY DRIVE, APT 303	Address	8787 E MOUNTAIN VIEW RD UNIT 1095
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	SCOTTSDALE AZ 85258