

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001877

Entity Name: SIGMA PHI EPSILON FLORIDA GAMMA CHAPTER ALUMNI BOARD, INC.**FILED**
Feb 01, 2013
Secretary of State
CC3538609376**Current Principal Place of Business:**ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**Current Mailing Address:**ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**FEI Number: 65-0922880****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ARCHAMBAULT, LOUIS P
ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BLVD.
MIAMI, FL 33131 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 DIRECTOR, SECRETARY
Name ARCHAMBAULT, LOUIS
Address ONE BISCAYNE TOWER, S2400, 2 S.
BISCAYNE B
City-State-Zip: MIAMI FL 33131

Title DIRECTOR, TREASURER
Name GRUNWALDT, HANS
Address 8134 SW 102ND AVENUE
City-State-Zip: MIAMI FL 33156

Title DIRECTOR, PRESIDENT
Name TAHMOUSH, BRIAN
Address 2824 CAMERON POND DRIVE
City-State-Zip: CARY NC 27519

Title DIRECTOR
Name MERCHAN, GARY
Address 13995 LAKE LURE CT.
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR, VP
Name DIAZ, JOSE F
Address ONE SOUTHEAST THIRD AVENUE,
25TH FLOOR
City-State-Zip: MIAMI FL 33131

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: LOUIS P. ARCHAMBAULT**SECRETARY****02/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date