

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90059 027 ****61.25

DOCUMENT # 729922

1. Entity Name

ASOCIACION DE ANTIGUAS ALUMNAS NUESTRA SENORA DE LOURDES, INC.

Principal Place of Business

Mailing Address

**1540 SW 14 TERR
 MIAMI FL 33145
 US**

**1540 SW 14 TERR
 MIAMI FL 33145
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0166334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUABELLA, (CARMEN)
 3740 SW 129 AVE
 MIAMI FL 33175**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMPANO, MERCEDES	
STREET ADDRESS	28225 COLLINS AVE #402	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SOTO, LILIANA	
STREET ADDRESS	12550 SW 30 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEANDER, MARIA VICTORIA	
STREET ADDRESS	525 NE 90 ST	
CITY-ST-ZIP	MIAMI SHORES FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAMBEIRO, ALICIA	
STREET ADDRESS	676 SE 8 ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	MD	<input type="checkbox"/> Delete
NAME	AGUABELLA, CARMEN	
STREET ADDRESS	3740 SW 129TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VTRE	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ-PITA, MARIA	
STREET ADDRESS	1540 S W 14 TERR	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ-PITA, Maria	
STREET ADDRESS	1540 SW 14 Terr	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mireya P. Milanés	
STREET ADDRESS	9440 SW 54 St.	
CITY-ST-ZIP	MIAMI FL 33195	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guadalupe D. Aleman	
STREET ADDRESS	9825 SW 91 St.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petla Cordova Ramirez	
STREET ADDRESS	3121 SW 120 St	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pilar R. Rivero	
STREET ADDRESS	3620 SW 18 Terr	
CITY-ST-ZIP	MIAMI FL 33145	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Mercedes Campano

2-12-02

305-8582049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)