

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90164 004 ****61.25

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1. Entity Name

ASOCIACION DE ANTIGUAS ALUMNAS NUESTRA SENORA DE LOURDES, INC.



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MILANES, MIREYA P	
STREET ADDRESS	9490 SW 54TH COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEMAN, GUADALUPE D	
STREET ADDRESS	9825 SW 81ST STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORDOVA-RAMIREZ, PERLA	
STREET ADDRESS	3121 SW 120TH COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VTRE	<input type="checkbox"/> Delete
NAME	RIVERO, PILAR R	
STREET ADDRESS	3620 SW 18TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	MD	<input type="checkbox"/> Delete
NAME	AGUABELLA, CARMEN	
STREET ADDRESS	3740 SW 129TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ-PITA, MARIA	
STREET ADDRESS	1540 S W 14 TERR	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Gonzalez-Pita MARIA GONZALEZ - 1-16-03 (305) 858-2049

CR2E037 (10/02)