

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 032 ****61.25

DOCUMENT # N21949

1. Entity Name

GREATER MIAMI KAPPA SIGMA ALUMNI ASSOCIATION, IN

Principal Place of Business

1320 TIDAL POINTE BLVD
 JUPITER FL 33477
 US

Mailing Address

1320 TIDAL POINTE BLVD
 JUPITER FL 33477
 US

2. Principal Place of Business

1531 Liguria
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 763
 Suite, Apt. #, etc.

City & State

Coral Gables Fla

City & State

Key Largo, Fla.

4. FEI Number

65-0004233

Applied For

Not Applicable

Zip

33146

Country

Dade

Zip

33037

Country

Monroe

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUDOVICI, EDWARD P.
 17047 SO DIXIE HWY
 MIAMI FL 33157

7. Name and Address of New Registered Agent

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

TITLE	DP	Delete
NAME	PICKERING, THEODORE H. JR	
STREET ADDRESS	1320 TIDAL POINTE BLVD	
CITY-ST-ZIP	JUPITER FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VALERIANI, NICHOLAS P.	
STREET ADDRESS	3515 GLENCOE ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEREIRA, EDDY SR	
STREET ADDRESS	10375 SW 25TH ST	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENEFIELD, HARVEY	
STREET ADDRESS	1261 ALGARDI AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLANDER, RALPH	
STREET ADDRESS	4920 S.W. 76TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN THOMAS E	
STREET ADDRESS	251 BUTTONWOOD DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, ERNEST W.	
STREET ADDRESS	308 Lt. Ms. Muffett Lane	
CITY-ST-ZIP	Key Largo, Fla. 33037	
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
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:

Ernest W. Kent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest W. Kent

3/29/01 (305) 853-5304

Date

Daytime Phone #

CR2E037 (10/00)