

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-28-2002 90034 017 *****61.25

DOCUMENT # N21949

1. Entity Name

GREATER MIAMI KAPPA SIGMA ALUMNI ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**1531 LIGURIA
CORAL GABLES FL 33146
US**

**P O BOX 763
KEY LARGO FL 33037
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0004233

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **DE DVP** ☐ Delete
NAME **PICKERING, THEODORE H. JR**
STREET ADDRESS **1320 TIDAL POINTE BLVD**
CITY-ST-ZIP **JUPITER FL**

TITLE **DIR. VICE PRES.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **VALERIANI, NICHOLAS P.**
STREET ADDRESS **3515 GLENCOE ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **PRESIDENT, BOARD CHM.** ☐ Change ☒ Addition
NAME **ERNEST W. KENT**
STREET ADDRESS **PO Box 763, 30811 MS. MUFFETT**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **SD** ☐ Delete
NAME **PEREIRA, EDDY SR**
STREET ADDRESS **10375 SW 25TH ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BENEFIELD, HARVEY**
STREET ADDRESS **1261 ALGARDI AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CALLANDER, RALPH**
STREET ADDRESS **4920 S.W. 76TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FLYNNE THOMAS E**
STREET ADDRESS **251 BUTTONWOOD DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☐ 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:

HARVEY BENEFIELD
QUIRE TREASURER

1-16-02 305-665-6384

CR2E037 (9/01)