

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

0023517

DOCUMENT # **N48174**

1. Entity Name

**PI KAPPA ALPHA GAMMA OMEGA HOUSING AND ALUMNI ASSOCIATION, INC.**



FILED

03 MAY -5 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

~~1101 BRICKELL AVE STE 1400~~  
~~MIAMI FL 33131~~

Mailing Address

~~1101 BRICKELL AVE STE 1400~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

2665 South Bayshore Dr.  
Suite, Apt. #, etc.  
Ste. 200

3. Mailing Address

2665 South Bayshore Dr.  
Suite, Apt. #, etc.  
Ste. 200

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number **65-0355421**

Applied For

Not Applicable

Zip **33133**

Country **U.S.A.**

Zip **33133**

Country **U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, NICOLAS J. JR.**  
**1101 BRICKELL AVE STE 1400**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

2665 South Bayshore Dr.  
Grand Bay Plaza, Ste. 200

City **Miami**

**FL**

Zip **33133**

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

*Nicolas J. Gutierrez, Jr.*  
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

**4/23/03**  
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

TITLE **SD** ☐ Delete  
NAME **GUTIERREZ, NICOLAS J. JR.**  
STREET ADDRESS **1101 BRICKELL AVE STE 1400**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
NAME **LARSON, RAYMOND M.**  
STREET ADDRESS **30855 SW 205 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33030**

TITLE **DP** ☐ Delete  
NAME **MENDELSBERG, SCOTT W.**  
STREET ADDRESS **10861 SW 120TH STREET**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete  
NAME **O'STEEN, SCOTT**  
STREET ADDRESS **1101 BRICKELL AVE STE 1400**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2665 South Bayshore Dr, Ste. 200**  
CITY-ST-ZIP **Miami, FL 33133**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **400017927344**  
CITY-ST-ZIP **05/05/03--01013--012 \*\*1628.75**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2665 South Bayshore Dr, Ste. 200**  
CITY-ST-ZIP **Miami, FL 33133**

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

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:

*Nicolas J. Gutierrez, Jr.*  
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

**4/23/03 (305)285-0000**  
DATE

CR2E037 (10/02)