

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000545

1. Entity Name

ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90028 008 ****61.25

Principal Place of Business
6701 SUNSET DRIVE
SUITE 100
SOUTH MIAMI FL 33143
US

Mailing Address
6701 SUNSET DRIVE
SUITE 100
SOUTH MIAMI FL 33143-4529
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0449345**
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
DE LA FE, ERNESTO J ESQ.
6701 SUNSET DRIVE
SUITE 100
SOUTH MIAMI FL 33143

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 _____ (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	P	NAME	GROSS, THELMA R	STREET ADDRESS	600 GRAPE TREE DRIVE #10FS	CITY-ST-ZIP	KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE	V	NAME	DE LA FE, JUANA V	STREET ADDRESS	7 SUFFOLK AVENUE	CITY-ST-ZIP	HIALEAH FL 33010	<input checked="" type="checkbox"/> Delete
TITLE	T	NAME	TRESPALACIOS, MIRIAN	STREET ADDRESS	2811 S.W. 18TH STREET	CITY-ST-ZIP	MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE	S	NAME	GONZALEZ, ROSY G	STREET ADDRESS	3351 S.W. 2ND STREET	CITY-ST-ZIP	MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	GUATY, JOSEFINA A	STREET ADDRESS	1820 S.W. 102 AVENUE	CITY-ST-ZIP	MIAMI FL 33165	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	VAZQUEZ, OFELIA V	STREET ADDRESS	13360 S.W. 1ST STREET	CITY-ST-ZIP	MIAMI FL 33184	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PRESIDENT	NAME	GROSS, THELMA R	STREET ADDRESS	6701 SW 116 CT, PH 410	CITY-ST-ZIP	MIAMI, FL 33173	<input checked="" type="checkbox"/> Change
TITLE	VICE PRESIDENT	NAME	FERNANDEZ, MARIA C.	STREET ADDRESS	1420 MERCADO	CITY-ST-ZIP	CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change
TITLE	SECRETARY	NAME	CORBO, MARIA I.	STREET ADDRESS	6261 N.W. 110 TER.	CITY-ST-ZIP	HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change
TITLE	TREASURER	NAME	LEIRA, MERCEDES	STREET ADDRESS	13961 S.W. 72 TER.	CITY-ST-ZIP	MIAMI, FL 33183	<input checked="" type="checkbox"/> Change
TITLE	DIR.	NAME	BLANCO, ROSALINDA	STREET ADDRESS	2313 NW 15 ST	CITY-ST-ZIP	MIAMI, FL 33125	<input checked="" type="checkbox"/> Change

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: Lozada Portales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (305) 273-0208
Date Daytime Phone #

CR2E037 (9/99)