

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000545

1. Entity Name

ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90120 035 ****61.25

0023643

Principal Place of Business

Mailing Address

~~6701 SUNSET DRIVE~~
~~SUITE 100~~
~~SOUTH MIAMI FL 33143~~
~~US~~

~~6701 SUNSET DRIVE~~
~~SUITE 100~~
~~SOUTH MIAMI FL 33143~~
~~US~~

040814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10 N.W. LeJeune Road

10 N.W. LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Miami

Miami

Zip

Country

Zip

Country

33126

USA

33126

USA

4. FEI Number

65-0449345

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

DE LA FE, ERNESTO J ESQ.

~~6701 SUNSET DRIVE~~

~~SUITE 100~~

~~SOUTH MIAMI FL 33143~~

Name

ERNESTO J. DE LA FE

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

10 N.W. LeJeune Road

Suite 600

City

Miami

FL

Zip Code

33126

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

1/18/02

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | GROSS, THELMA R | |
| STREET ADDRESS | 6701 SW 116TH CT., PH 401 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | FERNANDEZ, MARIA C | |
| STREET ADDRESS | 1420 MERCADO | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | CORBO, MARIA I | |
| STREET ADDRESS | 6261 NW 110 TERR | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | LEIRA, MERCEDES | |
| STREET ADDRESS | 13961 SW 72ND TERR | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BLANCO, ROSALINDA | |
| STREET ADDRESS | 2313 NW 15TH ST | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | VAZQUEZ, OFELIA V | |
| STREET ADDRESS | 13360 S.W. 1ST STREET | |
| CITY-ST-ZIP | MIAMI FL 33184 | |

| | | |
|----------------|---------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORKI HUERTAS | |
| STREET ADDRESS | 6780 SW 26 Terrace | |
| CITY-ST-ZIP | Miami, Florida 33155-2910 | |
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Norma Blanco | |
| STREET ADDRESS | 11041 SW 59 Terrace | |
| CITY-ST-ZIP | Miami, Florida 33173-1109 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSALINDA BLANCO | |
| STREET ADDRESS | 2313 NW 15 Street | |
| CITY-ST-ZIP | Miami, Florida 33125-2111 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Maria Novoa | |
| STREET ADDRESS | 2420 San Domingo Street | |
| CITY-ST-ZIP | Miami, Florida 33134 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Teresita Fernandez | |
| STREET ADDRESS | 2010 SW 103 Court | |
| CITY-ST-ZIP | Miami, Florida 33165-7320 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ines Acosta | |
| STREET ADDRESS | 588 South Drive | |
| CITY-ST-ZIP | Miami Springs, FL 33166 | |

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: *Lourdes Portales-Araoz*

Lourdes Portales-Araoz, President

4/2/02 305-446-0907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)