


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> N95 000004755	
<b>1. Entity Name</b> St. Augustine College Alumni Association INC.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 OCT 21 PM 3:06

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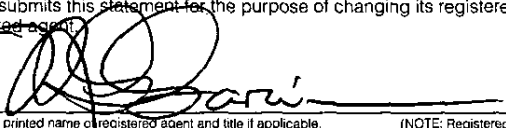
<b>2. Principal Place of Business</b> 160 ROYAL PALM Rd. Suite, Apt. #, etc. # 108 City & State HIALEAH GARDENS Zip 33016 Country USA	<b>3. Mailing Address</b> 160 ROYAL PALM Rd. Suite, Apt. #, etc. # 108 City & State HIALEAH GARDENS Zip 33016 Country USA
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10/21/03--01027--029 \*\*70.00

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 650722918		Applied For Not Applicable
	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name <b>MARIO G. GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10221 SW 27 ST</b> City <b>MIAMI</b> FL Zip Code <b>33165</b>		

**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  **10-10-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> DESIDERIO SANCHEZ 160 ROYAL PALM ROAD, #108 HIALEAH GARDENS, FL 33016	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> MANUEL BARBA 9510 SW 30 TERRACE MIAMI, FL 33165	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> MARIO G. GARCIA 10221 SW 27 STREET MIAMI, FL 33165	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD MEMBER-DIRECTOR</b> HERIBERTO PEREZ 4260 SW 150 AVENUE MIAMI, FL 33185	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**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 on an attachment with an address, with or without, like empowered.**

**SIGNATURE:**  **MARIO G. GARCIA** **10-10-03** **305 375-1193**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)