

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000900

FILED
Apr 14, 2003
Secretary of State

Entity Name: CATHOLIC ALUMNI CLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6345 BAY CLUB DR
UNIT #2
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

6345 BAY CLUB DR
UNIT #2
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0651651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALSEY, EDWARD
6345 BAY CLUB DR
UNIT #2
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HALSEY, EDWARD
Address: 6345 BAY CLUB DR UNIT #2
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DT () Delete
Name: PERESA, JORGE
Address: 15251 NW 6 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DS () Delete
Name: MIGMANO, LISETTE
Address: 10245 SW 24TH ST APT D167
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALSEY, EDWARD
Address: 6345 BAY CLUB DR UNIT #2
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD (X) Change () Addition
Name: PERERA, JORGE
Address: 15251 NW 6 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Change () Addition
Name: CULPEPPER, EMITA
Address: 8820 S.W. 132 PLACE APT. DS-107
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD HALSEY

PD

04/14/2003

Electronic Signature of Signing Officer or Director

Date