

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90195 014 ****61.25

DOCUMENT # N96000002445

1. Entity Name

THE SOUTHWEST MIAMI SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.



Principal Place of Business

**8855 S.W. 50TH TERRACE
MIAMI FL 33165**

Mailing Address

**9360 SUNSET DR
#287
MIAMI FL 33173**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9261 SW 60 ST

MIAMI FL

33173

DADE

4. FEI Number **65-0664500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, ESTEBAN
9360 SUNSET DRIVE
#287
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

ESTEBAN BROWN

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

9261 SW 60 ST

City

MIAMI

FL

Zip Code

33173

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

Signature, typed or printed name of registered agent and title if applicable.

(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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CLEZANO, NOEL
5990 SW 50 ST
MIAMI FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
→ CLEZANO, NOEL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
EIRIZ, JOSE V
3658 ESTE PONTA AVE
MIAMI FL 33178** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, ESTEBAN
9461 SW 25 DR
MIAMI FL 33165** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9261 SW 60 ST
MIAMI FL 33173** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03 305-252-1911

CR2E037 (10/02)