

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 005 ****61.25

DOCUMENT # N99000001877

1. Entity Name
Sigma Phi Epsilon Florida Gamma Chapter Alumni Board, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>One Biscayne Tower, Suite 2400</u> Suite, Apt. #, etc.		3. Mailing Address <u>Same</u> Suite, Apt. #, etc.	
<u>2 South Biscayne Blvd.</u> City & State		City & State	
<u>Miami, FL</u> City & State			
<u>33131</u> Zip	<u>USA</u> Country		

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>650922880</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>Louis P. Archambault</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>One Biscayne Tower, Suite 2400</u>	
<u>2 South Biscayne Boulevard</u>	
City <u>Miami</u>	FL Zip Code <u>33131</u>

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

4-19-02
DATE

(NOTE: Registered Agent signature required when reinstating)

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Director, President Louis P. Archambault One Biscayne Tower, Suite 2400, 2 South Biscayne Blvd. Miami, FL 33131</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Cesar M. Garcia-Pons 8311 SW 27th Ave. Miami, FL 33155</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director, Treasurer Michael Canul 757 SE 17th St. #305 Ft. Lauderdale, FL 33316</u>
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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 all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02
Date

305-379-2425
Daytime Phone #

CR2E037B (12/01)