

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000006370

**Entity Name:** THE UNIVERSITY OF MICHIGAN ALUMNI CLUB OF MIAMI-FORT LAUDERDALE, INC.

**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**0818680142CR**

**Current Principal Place of Business:**

1311 MILLER DR.  
A212  
CORAL GABLES, FL 33143

**Current Mailing Address:**

1311 MILLER DR.  
A212  
CORAL GABLES, FL 33143 US

**FEI Number: 27-0484249**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SONN, TERRI  
19495 BISCAYNE BLVD.  
607  
AVENTURA, FL 33180 US

*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: TERRI SONN**

**01/13/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LEVY, GREG  
Address        1311 MILLER DR.  
                  A212  
City-State-Zip: CORAL GABLES FL 33143

Title            VP, DIRECTOR  
Name            DOMINGUEZ, ADRIANNA  
Address        987 SW 37TH AVE  
                  715  
City-State-Zip: MIAMI FL 33135

Title            VP, DIRECTOR  
Name            GUEVARA, HERMAN  
Address        9051 NW 97TH TERR  
City-State-Zip: MIAMI FL 33178

Title            TREASURER, DIRECTOR  
Name            SONN, HUNTER  
Address        215 SE 8TH AVE  
                  1830  
City-State-Zip: FT. LAUDERDALE FL 33301

Title            SECRETARY, DIRECTOR  
Name            KLAIMAN, SAMANTHA  
Address        1338 FUNSTON STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            BOHLMANN, KATHERINE  
Address        1100 BRICKELL BAY DR  
                  61L  
City-State-Zip: MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE: HUNTER SONN**

**TREASURER**

**01/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date