

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001877

FILED
Feb 18, 2020
Secretary of State
8132605946CC

Entity Name: SIGMA PHI EPSILON FLORIDA GAMMA CHAPTER ALUMNI BOARD, INC.

Current Principal Place of Business:

C/O LOUIS P. ARCHAMBAULT
701 BRICKELL AVENUE 17TH FLOOR
MIAMI, FL 33131

Current Mailing Address:

C/O LOUIS P. ARCHAMBAULT
701 BRICKELL AVENUE 17TH FLOOR
MIAMI, FL 33131 US

FEI Number: 65-0922880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCHAMBAULT, LOUIS P
701 BRICKELL AVENUE
17TH FLOOR
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name ARCHAMBAULT, LOUIS
Address 701 BRICKELL AVENUE
17TH FLOOR
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name MERCHAN, GARY
Address 13995 LAKE LURE CT.
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR, TREASURER
Name LEIS, BEN
Address 401 NE MIZNER BOULEVARD
#705
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR, VP
Name DIAZ, JOSE F
Address 2 ALHAMBRA BUILDING
THE ALHAMBRA PLAZA, SUITE 102
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, PRESIDENT
Name TAHMOUSH, BRIAN
Address 2824 CAMERON POND DRIVE
City-State-Zip: CARY NC 27519

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: /S/ LOUIS ARCHAMBAULT

SECRETARY

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date