

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701861

1. Entity Name

KIWANIS CLUB OF BISCAYNE BAY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90162 003 ****61.25

Principal Place of Business

Mailing Address

535 BIRD ROAD
 CORAL GABLES FL 33146
 US

535 BIRD ROAD
 CORAL GABLES FL 33146-1307
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0709941

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSINEK, JEFFREY
 535 BIRD ROAD
 CORAL GABLES FL 33146

Name

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

City

FL

Zip Code

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, 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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: GOLDMAN, MATT
 STREET ADDRESS: 7190 S.W. 100 ST.
 CITY-ST-ZIP: MIAMI FL 33156

TITLE: Change Addition
 NAME: EIGLARSH MARK
 STREET ADDRESS: 8020 MERIDIAN AVE #911
 CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE: Delete
 NAME: GREEN, JR. E
 STREET ADDRESS: 775 N.W. 21ST STREET
 CITY-ST-ZIP: MIAMI FL 33127

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

TITLE: Delete
 NAME: JEFFREY ROSINEK
 STREET ADDRESS: 535 BIRD ROAD
 CITY-ST-ZIP: CORAL GABLES FL 33146

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

TITLE: Delete
 NAME: SILVERMAN, SAUL H.
 STREET ADDRESS: 8430 S.W. 170TH TERR.
 CITY-ST-ZIP: MIAMI FL 33157

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

TITLE: Delete
 NAME: BRAWN, ARTHUR H.
 STREET ADDRESS: 5061 SW 95 COURT
 CITY-ST-ZIP: MIAMI FL 33173

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: BRAWN ARTHUR
 STREET ADDRESS: 10 NE 193 TER
 CITY-ST-ZIP: MIAMI FL 33179

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: Saul H. Silverman RESOLUTIVE SILVERMAN

3/29/99

(305) 667 4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)