

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90042 026 \*\*\*\*61.25

0040523

**DOCUMENT # 701861**

1. Entity Name

**KIWANIS CLUB OF BISCAYNE BAY, INC.**

Principal Place of Business

535 BIRD ROAD  
 CORAL GABLES FL 33146  
 US

Mailing Address

535 BIRD ROAD  
 CORAL GABLES FL 33146-1307  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-0709941**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSINEK, JEFFREY**  
**535 BIRD ROAD**  
**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

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

TITLE NAME	<b>P</b> <b>EIGLARSH, MARK</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1020 MERIDIAN AVE # 911</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE NAME	<b>D</b> <b>GREEN, JR. E</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>775 N.W. 21ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE NAME	<b>S</b> <b>JEFFREY ROSINEK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>535 BIRD ROAD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE NAME	<b>T</b> <b>SILVERMAN, SAUL H.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8430 S.W. 170TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE NAME	<b>D</b> <b>BRAWN, ARTHUR H.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5061 SW 95 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b> <b>REICH BRUCE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1111 LINCOLN RD PH 802</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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* *Treasurer* **4/2/01** **305 442 2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)