

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90139 031 \*\*\*\*61.25

**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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **P**  Delete  
NAME **BRUCE, REICH**  
STREET ADDRESS **1111 LINCOLN RD PH 802**  
CITY-ST-ZIP **MIAMI FL 33139**

TITLE \_\_\_\_\_  Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_

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CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
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 Silverman* **SILVERMAN** Treasurer 4/29/03 305 442 2200

CR2E037 (10/02)