

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-18-2002 90138 027 ****61.25

DOCUMENT # 737783

1. Entity Name

KIWANIS CLUB OF LITTLE HAVANA, INC.

Principal Place of Business

Mailing Address

701 SW 27 AVENUE
 STE 900
 MIAMI FL 33145

701 SW 27 AVENUE
 STE 900
 MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0169294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PATIN, LESLIE JR.
 701 SW 27 AVENUE
 STE 900
 MIAMI FL 33145

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 **S** ☐ Delete
 NAME **FERNANDEZ, LINO B**
 STREET ADDRESS **8030 S W 62 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ~~ASSISTANT SECRETARY~~ ☒ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HERNANDEZ, EUGENIO**
 STREET ADDRESS **6124 SW 104 ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☒ Delete
 NAME **PANTIN, LESLIE JR.**
 STREET ADDRESS **7421 SW 68 COURT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition
 NAME **DRESTES G. WIVES**
 STREET ADDRESS **7148 SW 148 PLACE**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **T** ☐ Delete
 NAME **RAUL, CAMALICHE M**
 STREET ADDRESS **1545 SW 136 STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **P** ☐ Delete
 NAME **BARRERA, AGUSTIN J**
 STREET ADDRESS **5030 S.W. 65 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **D** ☒ Delete
 NAME **CUERVO, MANUEL A.**
 STREET ADDRESS **12021 SW 97TH ST.**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **MANUEL J. ROJAS**
 STREET ADDRESS **7391 SW 115 STREET**
 CITY-ST-ZIP **PINECREST FL 33156**

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, trustee or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)