

2000-2001 **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 768141**  
 1. Entity Name  
**KIWANIS CLUB OF HIALEAH, FLORIDA, INC.**

07-14-2000 90002 016 \*\*\*\*61.25  
 04-17-2000 90151 040 \*\*\*\*61.25

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 FEB -5 PM 5:14

Principal Place of Business: 7475 W. 4TH AVE, HIALEAH FL 33014, US  
 Mailing Address: 15519 MIAMI LAKE WAY N #203, MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 57-0787039  Applied For,  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FUENTES, JOSE K  
 15519 MIAMI LAKES WAY N.  
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent  
 Name: VELAZQUEZ, ARNOLD  
 Street Address (P.O. Box Number is Not Acceptable): 8011 WEST 18TH LANE  
 City: HIALEAH FL Zip Code: 33014

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: Arnold VELAZQUEZ DATE: 07/05/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25  
 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	P	<input type="checkbox"/> Delete
NAME	FUENTES, JOSE K	
STREET ADDRESS	15519 MIAMI LAKES WAY N.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE LA MILARA, MARIA	
STREET ADDRESS	398 W. 53RD STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALEMAN, FRANCES	
STREET ADDRESS	11900 S.W. 23RD STREET	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	P	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, ARNOLD	
STREET ADDRESS	8011 WEST 18TH LANE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	DB	<input type="checkbox"/> Delete
NAME	RODOLFO, GARCIA	
STREET ADDRESS	7475 W. 4TH AVE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUIZ, DANIEL	
STREET ADDRESS	13493 S.W. 39TH LANE	
CITY-ST-ZIP	MIAMI FL 33177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BOARD MEMBER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED DATE: 07/05/00 DAYTIME PHONE #: 305 377-7274 x7278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)