

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90253 024 ****61.25

DOCUMENT # N34842

1. Entity Name

KIWANIS CLUB OF COLOMBIA-U.S.A-MIAMI, FLORIDA, INC.



Principal Place of Business

Mailing Address

**P O BOX 43-0748
SOUTH MIAMI FL 33243
US**

**P O BOX 43-0748
SOUTH MIAMI FL 33243
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0155866**

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

**NAVARRO, GONZALO
8959 N W 152 LANE
MIAMI LAKES FL 33016**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
NAME **REYES, GERARDO**
STREET ADDRESS **13499 BISCAYNE BLVD**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **P** ☐ Change ☒ Addition
NAME **WILSON VELANDIA**
STREET ADDRESS **6065 NW 167 ST #B15**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **P** ☐ Delete
NAME **NAVARRO, GONZALO**
STREET ADDRESS **P O BOX 430748**
CITY-ST-ZIP **SOUTH MIAMI FL 33243**

TITLE **D** ☒ Change ☐ Addition
NAME **GONZALO NAVARRO**
STREET ADDRESS **P O BOX 430748**
CITY-ST-ZIP **SOUTH MIAMI FL 33243**

TITLE **S** ☒ Delete
NAME **CANACHO, JORGE**
STREET ADDRESS **P O BOX 430748**
CITY-ST-ZIP **SOUTH MIAMI FL 33243**

TITLE **S** ☐ Change ☒ Addition
NAME **M TERESA CURREAU**
STREET ADDRESS **P O BOX 430748**
CITY-ST-ZIP **SOUTH MIAMI FL 33243**

TITLE **D** ☐ Delete
NAME **VELANDIA, MERCY**
STREET ADDRESS **P O BOX 430748**
CITY-ST-ZIP **SOUTH MIAMI FL 33243**

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

TITLE **D** ☐ Delete
NAME **BARROS, PIEDAD**
STREET ADDRESS **P O BOX 430748**
CITY-ST-ZIP **SOUTH MIAMI FL 33243**

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

TITLE **D** ☐ Delete
NAME **LOZANO, ANTONOR**
STREET ADDRESS **P O BOX 430748**
CITY-ST-ZIP **SOUTH MIAMI FL 33243**

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:

Wilson Velandia, Pres Feb/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)