

2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-11-2000 90054 018 ****61.25

DOCUMENT # N93000003934

1. Entity Name
MIAMI-MANAGUA LIONS CLUB, INC.

Principal Place of Business
1900 N.W. 135 STREET
MIAMI FL 33167-1463

Mailing Address
1900 N.W. 135 STREET
MIAMI FL 33167-1463

309494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15331 SW 155 Ct

3. Mailing Address
P.O. BOX 831388

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0432716** Applied For Not Applicable

Zip **33187** Country **USA**

Zip **33283-1388** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALEGRIA, PAOLA
1515 NE 110 STREET
MIAMI FL 33161

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 _____ DATE _____
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 NAME STREET ADDRESS CITY-ST-ZIP	DT PACHECO, RENE 350 W PARK DR 203 MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEGRIA, PAOLA 1515 NE 110 STREET MIAMI FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTIEL, GUILLERMO 8853 NW 118 ST HIALEAH GARDENS FL 33018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TELLEZ, OCTAVIO 1123 SW 88 AVENUE MIAMI FL 33174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASSAR, KARINA 516 NW 57 AVENUE, #201 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BISMARCK MORALES 15331 SW 155 CT MIAMI, FL 33187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDGAR ENRIQUE ROA 14793 SW 81 ST MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAOLA ALEGRIA 1515 NE 110 ST MIAMI, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALEC HERNANDEZ 7050 NW 173 DR # 403 MIAMI, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JUAN DONA 8279 NW 7 ST MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 or without other like empowered.

SIGNATURE: **SIGNATURE OF EDGAR ENRIQUE ROA** Date **8-09-00** (305) Daytime Phone # **382-8502**