

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90080 006 ****61.25

DOCUMENT # N94000001037
 1. Entity Name
MIAMI KWANIS YOUTH FOUNDATION, INC.

Principal Place of Business 1900 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address P.O., BOX 330823 MIAMI FL 33233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business HOTEL VILA	3. Mailing Address
Suite, Apt. #, etc. 5959 SW 71st	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip 33156	Country DADE

4. FEI Number 59-0992992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SMITH, GLEN
 8340 SW 141 STREET
 MIAMI FL 33158**

7. Name and Address of New Registered Agent
 Name **JOHN MAZZARELLA**
 Street Address (P.O. Box Number is Not Acceptable)
1900 BISCAYNE BLVD
 City **MIAMI** FL Zip Code **33132**

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 **JOHN MAZZARELLA** *John R. Myzpell* **4-26-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TETZELI, JOHN P 6981 S.W. 59TH STREET MIAMI FL 33143-1829	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZARELLA, JOHN R 1900 BISCAYNE BLVD MIAMI FL 33137-4532	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINBERG, DYANNE E 620 ALHAMBRA CIRCLE CORAL GABLES FL 33134-3705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEATHERS, ROBERT A 2501 SW 9 AVE MIAMI FL 33129-2222	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, GLEN E 8340 SW 141 ST. MIAMI FL 33156-2703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, JAMES F 7300 N. KENDALL DR. #519 MIAMI FL 33156	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENSEL, WAYNE 8605 SW 147 TERR MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZZARELLA, JOHN R. 1900 BISCAYNE BLVD MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMERON BILLY 7305 SW 123RD TERR. MIAMI, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETZELI, JOHN P. 6981 SW 59TH ST. MIAMI FL 33143-1829	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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)(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: *John R. Myzpell* **REQUIRED** **4-26-01** **305-5765075**

CR2E037 (10/00)