

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90024 005 ****61.25

DOCUMENT # N94000001037

1. Entity Name

MIAMI KIWANIS YOUTH FOUNDATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**HOTEL VICA
 5959 SW 71 ST
 MIAMI FL 33156
 US**

**P.O. BOX 330823
 MIAMI FL 33233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0992992

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAZZAREUA, JOHN
 1900 BISCAYNE BLVD
 MIAMI FL 33132**

Name **MAZZAREUA, JOHN**
 Street Address (P.O. Box Number is Not Acceptable)
70733 SW 129 PLACE
 City **MIAMI** FL Zip Code **33106**

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 Mazzareua

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2002

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	P	<input checked="" type="checkbox"/> Delete
NAME	VENSEL, WAYNE	
STREET ADDRESS	8605 SW 147TH TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAZZARELLA, JOHN R	
STREET ADDRESS	1900 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137-4532	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, BILLY	
STREET ADDRESS	7305 BISCAYNE 123RD TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	TETZELI, JOHN P	
STREET ADDRESS	6981 SW 59TH ST	
CITY-ST-ZIP	MIAMI FL 33143-1829	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GLEN E	
STREET ADDRESS	8340 SW 141 ST.	
CITY-ST-ZIP	MIAMI FL 33156-2703	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, JAMES F	
STREET ADDRESS	7300 N. KENDALL DR. #519	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMERON, BILLY	
STREET ADDRESS	7305 SW 123 TERR.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUKSCH, BOB	
STREET ADDRESS	8241 SW 107th ST	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNINGS, BARBARA	
STREET ADDRESS	702. NW 87th AVE	
CITY-ST-ZIP	MIAMI, FL 33172	
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:

John R. Mazzareua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002

Date

305-3854832

Daytime Phone #

CR2E037 (9/01)