

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000001037

FILED
Apr 28, 2003
Secretary of State

Entity Name: MIAMI KIWANIS YOUTH FOUNDATION, INC.

Current Principal Place of Business:

HOTEL VICA
5959 SW 71 ST
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330823
MIAMI, FL 33233

New Mailing Address:

FEI Number: 59-0992992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZAREUA, JOHN
10733 SW 129 PLACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMARON, BILLY
Address: 7305 SW 123 TERR
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: MAZZARELLA, JOHN R
Address: 1900 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 331374532

Title: V () Delete
Name: BUKSCH, BOB
Address: 8241 SW 107TH ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: TETZELI, JOHN P
Address: 6981 SW 59TH ST
City-St-Zip: MIAMI, FL 331431829

Title: V () Delete
Name: JENNINGS, BARBARA
Address: 702 NW 87TH AVE
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: PERRY, JAMES F
Address: 7300 N. KENDALL DR. #519
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMARON, BILLY
Address: 7305 SW 123 TERR
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BUKSCH, BOB
Address: 8241 SW 107TH ST
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MAZZARELLA

T

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date