

DOCUMENT # N96000004924

1. Entity Name

KIWANIS CLUB OF BISCAYNE BAY YOUTH FOUNDATION, I

FILED  
Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90139 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

535 BIRD ROAD  
CORAL GABLES FL 33134

535 BIRD ROAD  
CORAL GABLES FL 33146-1307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0748368

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSINEK, JEFFREY  
535 BIRD ROAD  
CORAL GABLES FL 33134

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

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME D  
STREET ADDRESS SILVERMAN, SAUL H  
CITY-ST-ZIP 8430 SW 170 TERRACE  
MIAMI FL 33157

TITLE  Change  Addition  
NAME P  
STREET ADDRESS EIGLARSH MARK  
CITY-ST-ZIP 1020 MERIDIAN AVE #911  
MIAMI BEACH FL 33139

TITLE  Delete  
NAME D  
STREET ADDRESS BRAWN, ARTHUR  
CITY-ST-ZIP 5081 SW 95 COURT  
MIAMI FL 33165

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME D  
STREET ADDRESS GREEN, EDWIN M JR  
CITY-ST-ZIP 775 NW 21 STREET  
MIAMI FL 33127

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME P  
STREET ADDRESS GOLDMAN, MATT  
CITY-ST-ZIP 7190 SW 100 ST  
MIAMI FL 33166

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Saul H. Silverman*  
SAUL H. SILVERMAN  
RECEIVED DIRECTOR

3/29/00

305 667 4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)