

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0000419

DOCUMENT # N96000004924

1. Entity Name

KIWANIS CLUB OF BISCAYNE BAY YOUTH FOUNDATION, I

04-25-2001 90072 001 ****61.25

Principal Place of Business

Mailing Address

535 BIRD ROAD
CORAL GABLES FL 33134

535 BIRD ROAD
CORAL GABLES FL 33134

U U U I T T

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

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

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

TITLE **DT** Change Addition

TITLE **D** Delete
 NAME **BRAWN, ARTHUR**
 STREET ADDRESS **5061 SW 95 COURT**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition

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

TITLE Change Addition

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

TITLE Change Addition

TITLE Delete

TITLE **P** Change Addition
 NAME **REICH BROCE**
 STREET ADDRESS **111 LINCOLN RD PH 802**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Delete

TITLE Change 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Saul H Silverman Treasurer

4/2/01

305 442 2200

CR2E037 (10/00)