

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90164 003 ****61.25

DOCUMENT # N99000003217

1. Entity Name

KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, INC.

Principal Place of Business

Mailing Address

1915 WEST 8TH AVENUE
 HIALEAH FL 33010

1915 WEST 8TH AVENUE
 HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0920375

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

LOZANO, ALVARO
 1915 WEST 8TH AVENUE
 HIALEAH FL 33010

Name

HECTOR MARULANDA

Street Address (P.O. Box Number is Not Acceptable)

8487 NW 191 STREET

City

MIAMI, FL

FL

Zip Code **33015**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	LOZANO, ALVARO	14220 SW 92ND AVENUE	MIAMI FL 33176	<input checked="" type="checkbox"/>	PD	HECTOR MARULANDA	8487 NW 191 STREET	MIAMI, FL 33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	MARULANDA, HECTOR	8487 NW 191ST STREET	MIAMI FL 33015	<input type="checkbox"/>	VD	MARTIN ROY LEON	7102 NW 50 STREET	MIAMI, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	PEREZ, MYRIAM	11861 SW 94TH STREET	MIAMI FL 33186	<input type="checkbox"/>	DIRECTOR	ALVARO LOZANO	1915 WEST 8TH AVE.	MIAMI, FL 33010	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	VALVERDE, MARTHA	453 NE 210TH TERRACE (NORTH POINTE)	NORTH MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ATD	MARULANDA, MARIA L	8487 NW 191ST STREET	MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)