

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90154 028 ****61.25

WS11000

DOCUMENT # N99000003217

1. Entity Name
KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, INC.



Principal Place of Business
**1915 WEST 8TH AVENUE
HIALEAH FL 33010**

Mailing Address
**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

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

**MARULANDA, HECTOR
8487 NW 191 STREET
HIALEAH FL 33015**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hector Marulanda* **HECTOR MARULANDA** DATE **3-27-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **MARULANDA, HECTOR**
STREET ADDRESS **8487 NW 191 STREET**
CITY-ST-ZIP **HIALEAH FL 33015**

Change Addition

TITLE **D** Delete
NAME **LOZANO, ALVARO**
STREET ADDRESS **1915 WEST 8TH AVE.**
CITY-ST-ZIP **MIAMI FL 33010**

Change Addition

TITLE **VD** Delete
NAME **LEON, MARTIN R**
STREET ADDRESS **7102 NW 50 STREET**
CITY-ST-ZIP **MIAMI FL 33166**

Change Addition

TITLE **ATD** Delete
NAME **MARULANDA, MARIA L**
STREET ADDRESS **8487 NW 191ST STREET**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **Cecilia Barrica** Change Addition
NAME **52 S. Royal Poinciana**
STREET ADDRESS **MIAMI, FL 33166**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Hector Marulanda* **HECTOR MARULANDA** DATE **3-27-03** **305 887 8576**

CR2E037 (10/02)