

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006256**

1. Entity Name

KIWANIS OF AVENTURA FOUNDATION, INC.

Principal Place of Business

**POST OFFICE BOX 802733
AVENTURA FL 33180**

Mailing Address

**POST OFFICE BOX 802733
AVENTURA FL 33180**

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

05-103 4846

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

**PINDER, THOMAS K
18010 N.E. 10TH AVENUE
NORTH MIAMI BEACH FL 33162**

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PONCE, CARLOS	1180 N.E. 181ST TERRACE	NORTH MIAMI BEACH FL 33182	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	PINDER, THOMAS K	18010 N.E. 10TH AVENUE	NORTH MIAMI BEACH FL 33162	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	SIMON, SHELLY	21431 HIGHLAND LAKES BOULEVARD	MIAMI FL 33179	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHENKER, FERRIS	2365 N.E. 213TH TERRACE	MIAMI FL 33180	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ROSS, HOWARD	2450 N.E. 202 STREET	AVENTURA FL 33180	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ROSS, PAULA	2450 N.E. 202 STREET	AVENTURA FL 33180	

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, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-28-2001 (305) 944-6460FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 12 PM 1:31



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)