

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91507 045 \*\*\*\*61.25

**DOCUMENT # 712328**

1. Entity Name

**KIWANIS CLUB OF NORTH MIAMI BEACH, FLORIDA, INC.**



1

Principal Place of Business

P.O. BOX 640622  
N MIAMI BEACH FL 33164-0622  
US

Mailing Address

P.O. BOX 640622  
N MIAMI BEACH FL 33164-0622  
US

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 **59-6176203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WARNER, KAREN**  
**12112 ST. ANDREWS PLACE #111**  
**HOLLYWOOD FL 33025**

7. Name and Address of New Registered Agent

Name

**WARNER, KAREN**

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

**12112 ST. ANDREWS PLACE #111**

City

**MIRAMAR**

**FL**

Zip Code

**33025**

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

*Karen H. Warner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/2003**

**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

TITLE **D** ☐ Delete  
NAME **TEMPLER, PAUL**  
STREET ADDRESS **740 NW 182ND ST**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **TD** ☐ Delete  
NAME **KAREN, WARNER**  
STREET ADDRESS **17011 NE 19 AVE.**  
CITY-ST-ZIP **N. MIAMI BCH. FL 33162**

TITLE **SD** ☐ Delete  
NAME **BERSON, JEFFREY**  
STREET ADDRESS **3300 NE 191ST STREET #190C**  
CITY-ST-ZIP **AVENTURA FL 33180-2449**

TITLE **D** ☐ Delete  
NAME **FISHER, MILTON**  
STREET ADDRESS **21230 NE 19 AVE**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **P** ☐ Delete  
NAME **RIVEROL, ALFREDO**  
STREET ADDRESS **6625 SW 128 CT**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **TEMPLER, PAUL**  
STREET ADDRESS **8811 CLEARY BLVD**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME **BERSON, JEFFREY**  
STREET ADDRESS **19355 TURNBERRY WAY #23F**  
CITY-ST-ZIP **AVENTURA, FL 33180-2543**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **RIVEROL, ALFREDO**  
STREET ADDRESS **6625 SW 128 CT.**  
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **SD** ☐ Change ☒ Addition  
NAME **GRAHAM, ALAN**  
STREET ADDRESS **16901 NE 19 AVE.**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

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:

*Karen H. Warner* **KAREN H. WARNER** **4/23/2003** **919-3724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)