

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733997

1. Entity Name

KIWANIS CLUB OF PERRINE CUTLER RIDGE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90079 035 ****61.25

Principal Place of Business	Mailing Address
% YERBY BARKER, SECRETARY 10585 SW 109 COURT #202 MIAMI FL 33176	% YERBY BARKER, SECRETARY 10585 SW 109 COURT #202 MIAMI FL 33176-3309



DO NOT WRITE IN THIS SPACE

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	Applied For
59-6155095	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

SMITH, RONALD A
27230 S. DIXIE HWY.
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

Name: GEORGE M LUCAS
Street Address (P.O. Box Number is Not Acceptable): 13020 SW 82 TER
City: MIAMI FL Zip Code: 33183

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: *George M Lucas* GEORGE M LUCAS DATE: 4/26/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	XX Delete
NAME	CARANGI, LEON	
STREET ADDRESS	14055 SW 142 AVE. #40	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	XX Delete
NAME	SMITH, RON	
STREET ADDRESS	27230 S. DIXIE HWY.	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARKER, YERBY	
STREET ADDRESS	10585 SW 109 COURT #202	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY A CODALLO	
STREET ADDRESS	8824 SW 176 TER	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD W SCOTT	
STREET ADDRESS	9101 SW 201 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George M Lucas* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/26/00 305 595-1025 DAYTIME PHONE #

CR2E037 (9/99)