

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004852

FILED
Apr 25, 2003
Secretary of State

Entity Name: KIWANIS CLUB OF AVENTURA, INC.

Current Principal Place of Business:

2785 NE 183RD STREET
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

C/O BISCAYNE INSTITUTES OF HEALTH & LIVING
2785 NE 183RD STREET
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 65-1034846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEMBLE, TODD
3610 YACHT CLUB DRIVE
APT #916
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEMBLE, TODD
Address: 3610 YACHT CLUB DR
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: ZIMMERMAN, BARBARA
Address: 20225 EAST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

Title: SD () Delete
Name: ROSS, PAULA
Address: 2450 NE 202 10 AVE
City-St-Zip: MIAMI, FL 33180

Title: TD () Delete
Name: HOGLUNT, LOUISE
Address: 20441 NE 30 AVE #118
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: PONCE, CARLOS
Address: 1180 N.E. 161 TER.
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D () Delete
Name: SHENKER, FERRIS
Address: 2365 N.E. 213 TER.
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HOGLUND, LOUISE
Address: 20441 NE 30 AVE #118
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD PEMBLE

PD

04/25/2003

Electronic Signature of Signing Officer or Director

Date