

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000006256**

1. Entity Name

KIWANIS OF AVENTURA FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 802733
AVENTURA FL 33180

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

05-1034846

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 33182**

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 re-registering)

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	P	<input type="checkbox"/> Delete
NAME	PONCE, CARLOS	
STREET ADDRESS	1180 N.E. 181ST TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33182	
TITLE	V	<input type="checkbox"/> Delete
NAME	PINDER, THOMAS K	
STREET ADDRESS	18010 N.E. 10TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33182	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMON, SHELLY	
STREET ADDRESS	21431 HIGHLAND LAKES BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHENKER, FERRIS	
STREET ADDRESS	2385 N.E. 213TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, HOWARD	
STREET ADDRESS	2450 N.E. 202 STREET	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, PAULA	
STREET ADDRESS	2450 N.E. 202 STREET	
CITY-ST-ZIP	AVENTURA FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA C. ZIMMERMAN	
STREET ADDRESS	20281 E. COUNTY CLUB DR. # 1905	
CITY-ST-ZIP	AVENTURA, FL 33180	
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, 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

8-28-2001 (305) 944-6460

DAYTIME PHONE #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 12 PM 1:31



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)