

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90052 008 ****61.25

DOCUMENT # N01000001897

1. Entity Name
**THE KIWANIS CLUB OF FLAMINGO-HIALEAH
FOUNDATION, INC.**



Principal Place of Business
**1480 W 5TH CT
HIALEAH, FL 33010**

Mailing Address
**1480 W 5TH CT
HIALEAH, FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1097678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, FELIX
4160 W 16 AVE SUITE 401
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when withdrawing)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, FELIX 1480 W 6TH CT HIALEAH, FL 33010	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBAINA, JULIO 499 W 23 ST HIALEAH, FL 33010	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, EDUARDO 545 W 63 ST HIALEAH, FL 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, WILFREDO 545 W 63 ST HIALEAH, FL 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, RENE 217 E 63 ST HIALEAH, FL 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Case

Daytime Phone #

CR2E037 (10/02)