

2002 UNIFORM BUSINESS REPORT (UBR)

08-12-2002 90001 014 ****61.25

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DOCUMENT # N02000001005

1. Entity Name

SAFETY CITY OF NORTH MIAMI BEACH KIWANIS, INC.

02 AUG 14 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 64-0622
NORTH MIAMI BEACH FL 33164-0622

Mailing Address

P.O. BOX 64-0622
NORTH MIAMI BEACH FL 33164-0622

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

65-1083403

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

Name

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

City

FL

Zip Code

FISHER, MILTON
21230 N.E. 19TH AVE
MIAMI FL 33179

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

Milton Fisher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TEMPLER, PAUL
740 N.E. 182ND STREET
NORTH MIAMI BEACH FL 33182

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FISHER, MILTON
21230 N.E. 19TH AVE
MIAMI FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERSON, JEFFREY
19355 TURNBERRY WAY., APT 23F
AVENTURA FL 33180

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Milton Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/02

Date

305 937-7159

Daytime Phone #

CH2E037 (4/02)