

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90103 017 ****61.25

DOCUMENT # N07251

1. Entity Name

KIWANIS CLUB OF FLAMINGO-HIALEAH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 112172
 HIALEAH FL 33011

P.O. BOX 112172
 HIALEAH FL 33011-2172



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

59-2588917

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

SANCHEZ, FELIX
1480 WEST 5TH COURT
HIALEAH FL 33010

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 reinstating)

DATE

FILE NOW:
FEES IS \$61.25

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 | DS | <input type="checkbox"/> Delete |
| NAME | ROBAINA, JULIO | |
| STREET ADDRESS | 1397 WEST 63RD STREET | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, FELIX | |
| STREET ADDRESS | 1480 WEST 5TH COURT | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, EDDY | |
| STREET ADDRESS | 5180 EAST 4TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33013 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, WILFREDO | |
| STREET ADDRESS | 5180 EAST 4TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33013 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARCIA, R | |
| STREET ADDRESS | 217 E 63 ST | |
| CITY-ST-ZIP | HIA FL 33013 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ARNAVAT, GUSTAVO | |
| STREET ADDRESS | 1130 WEST 45TH PLACE | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 7800 West 6TH Avenue |
| CITY-ST-ZIP | Hialeah, Florida 33012 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 7865 West 5Th Court |
| CITY-ST-ZIP | Hialeah, Fl 33012 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 545 West 63rd Street |
| CITY-ST-ZIP | HIALEAH, FL 33012 |
| 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 | |

CR2E037 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #