

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07251

1. Entity Name

KIWANIS CLUB OF FLAMINGO-HIALEAH, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

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

Principal Place of Business

Mailing Address

P.O. BOX 112172  
HIALEAH FL 33011

P.O. BOX 112172  
HIALEAH FL 33011-2172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, FELIX  
1480 WEST 5TH COURT  
HIALEAH FL 33010

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 reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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 #