## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, w

SIGNATURE:

h all other like empowered.

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # N07251 1. Entity Name KIWANIS CLUB OF FLAMINGO-HIALEAH, INC. 01-31-2001 90288 045 \*\*\*\*61 25 Principal Place of Business Mailing Address P.O. BOX 112172 PO ROX 112172 HIALEAH FL 33011 HIALEAH FL 33011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2588917 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANCHEZ, FELIX 1480 WEST 5TH COURT HIALEAH FL 33010 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, Addition TITLE ☐ Defete TITLE ☐ Change ROBAINA, JULIO NAME NAME 7800 WEST 6TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE ☐ Change Addition SANCHEZ, FELIX, NAME STREET ADDRESS 1480 WEST 5TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 DT TITLE ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, EDDY NAME NAME STREET ADDRESS 5180 EAST 4TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 DVP ☐ Change TITLE ☐ Delete TITLE ☐ Addition GONZALEZ, WILFREDO NAME 7865 WEST 5TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition GARCIA, R NAME NAME STREET ADDRESS 217 E 63 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIA FL 33013 ☐ Delete ☐ Change ☐ Addition TITLE TITLE ARNAVAT, GUSTAVO NAME NAME STREET ADDRESS 1130 WEST 45TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 12. I hereby certify that the information supplied with this filling does not quality fer 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 signality 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