

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

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90157 032 ****61.25

DOCUMENT # *N07251*
1. Entity Name
KIWANIS CLUB OF FLAMINGO-HIALEAH, INC. ✓

4160 West 16th Avenue STE#401
Hialeah, Florida 33012

B0139469

2. Principal Place of Business
4160 W 16 Avenue

3. Mailing Address
4160 W 16 Avenue

Suite, Apt. #, etc.
Suite# 401

Suite, Apt. #, etc.
Suite# 401

City & State
Hialeah, Florida

City & State
Hialeah, Florida

4. FEI Number
59-2588917

Applied For
 Not Applicable

Zip
33012

Country
USA

Zip
33012

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Felix Sanchez

Street Address (P.O. Box Number is Not Acceptable)
4160 W 16 Avenue STE 401

City
Hialeah

Zip Code
33012

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 filer if applicable (NOTE: Registered Agent signature required when registering) DATE _____

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Julio Robina 7800 West 6th Avenue Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Felix Sanchez 1480 West 5th Court Hialeah, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EDDY GONZALEZ 5180 East 4th Avenue Hialeah, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Willfredo Gonzalez 7865 West 5th Court Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rene Garcia 217 East 63rd Street Hialeah, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gustavo Amavat 1130 West 45th Place Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
9/16/02 (305) 885-5416

CR2E037B (12/01)