

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90077 035 ****61.25

DOCUMENT # N13616

1. Entity Name

ROTARY CLUB OF MIAMI KENDALL, INC.

Principal Place of Business

Mailing Address

8181 NW 36 ST.
27B
MIAMI FL 33166

8181 NW 36 ST.
27B
MIAMI FL 33166

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

65-0533745

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

STEPHEN, JOE
12812 SW 122 AVE.
MIAMI FL 33186

Name

Beck, Harlan

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

8181 NW 36 Street

27 B

City

Miami

FL

Zip Code

33166

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]

Harlan D. Beck, Treasurer

1-11-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CHOMAT, HECTOR ☐ Delete
11430 N KENDALL DR 300
MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Chomat, Hector ☒ Change ☐ Addition
11430 N Kendall Dr #300
Miami FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BECK, HARLAN ☐ Delete
8181 NW 36 ST., #27B
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CUBUSE, FELIPE I ☐ Delete
10720 SW 146 AVE
MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Cabuse Felipe I. ☒ Change ☐ Addition
P.O. Box 960428
Miami FL 33296-0428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]
Harlan D. Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

305-
471-7761

Daytime Phone #

CR2E037 (10/00)