

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90092 018 ****61.25

DOCUMENT # N13616

1. Entity Name

ROTARY CLUB OF MIAMI KENDALL, INC.

Principal Place of Business

Mailing Address

231 NW 36 ST.
 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

BECK, HARLAN
8181 NW 36TH STREET
MIAMI FL 33166

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 NAME	SD CHONAT, HECTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11430 N KENDALL DR 300	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	TD BECK, HARLAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8181 NW 36 ST., #27B	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME	D CABASE, FELIPE I	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 960428	
CITY-ST-ZIP	MIAMI FL 33296-0428	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SP Beck, Anna	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8181 NW 36 ST, 27B	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE NAME	PO Beck, Harlan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8181 NW 36 ST, 27B	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Harlan D. Beck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19/02

306
 471-7761

CR2E037 (9/01)