

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90179 038 ****61.25

DOCUMENT # N13616

1. Entity Name
ROTARY CLUB OF MIAMI KENDALL, INC.



Principal Place of Business

**8181 NW 36 ST.
27B
MIAMI, FL 33166**

Mailing Address

**8181 NW 36 ST.
27B
MIAMI, FL 33166**

94069461



03182004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**BECK, HARLAN
8181 NW 36TH STREET
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BECK, ANNA**
STREET ADDRESS **8181 NW 36 ST 27B**
CITY-ST-ZIP **MIAMI, FL 33166**

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

TITLE **D**
NAME **CABASE, FELIPE I**
STREET ADDRESS **PO BOX 960428**
CITY-ST-ZIP **MIAMI, FL 332960428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harlan Beck
Director

4/28/04
Date

Daytime Phone #

303-503-7761