

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
 01-29-2001 90129 039 \*\*\*\*61.25

**DOCUMENT # N38537**

1. Entity Name

**MIAMI GRANADA ROTARY CLUB, INC.**

Principal Place of Business

P.O. BOX 144474  
 CORAL GABLES FL 33114-4474

Mailing Address

P.O. BOX 144474  
 CORAL GABLES FL 33114-4474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2857214**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALDERIN, DANIEL**  
**7230 S.W. 100 COURT**  
**MIAMI FL 33173**

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CABEZA, FRANK D**  
 CITY-ST-ZIP **1143 ALHAMBRA CIRCLE**  
**MIAMI FL 33134**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **GONZALEZ, EUGENIO J**  
 CITY-ST-ZIP **6111 SW 14TH ST**  
**WEST MIAMI FL 33144**

TITLE ☒ Change ☐ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **HUMBERTO BEQUER**  
 CITY-ST-ZIP **1924 SW 142 PLACE**  
**MIAMI, FL 33175**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **JOSE A. MARTINEZ,**  
 CITY-ST-ZIP **4310 MONSERRATE ST.**  
**MIAMI FL 33146**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **ASION, JULIAN T**  
 CITY-ST-ZIP **269 PALM AVE, PALM ISLAND**  
**MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **VICTOR RODRIGUEZ**  
 CITY-ST-ZIP **12941 NW 11TH TERRACE**  
**MIAMI, FL 33182**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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)(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

**JOSE A. MARTINEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/01 (305) 661-9459**  
 Date Daytime Phone #

CR2E037 (10/00)