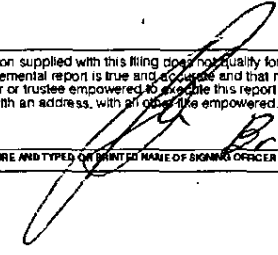


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N38537					
1. Entity Name THE ROTARY CLUB OF MIAMI GRANADA, 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		
Zip	Country	Zip	Country	4. FEI Number 59-2857214	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUILERA, GUIDO 815 PONCE DE LEON BLVD. SUITE 204 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 06/18/03 500020972235 06/18/03--01048--001 **70.00					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing.)					
FILE NOW - FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	ASION, ANDRES		NAME	Manuel F. Lujan	
STREET ADDRESS	1000 S. POINTE DRIVE, APT. 2204		STREET ADDRESS	8521 S.W. 75 ST	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☐ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	BRITO, ANTONIO		NAME	Ricardo Kirilauskas	
STREET ADDRESS	7702 SW 84TH PLACE		STREET ADDRESS	10500 S.W. 98 ST	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☒ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	GONZALEZ, EUGENIO N		NAME	Reinaldo Gonzalez	
STREET ADDRESS	6111 SW 14TH STREET		STREET ADDRESS	10400 S.W. 92 Ave	
CITY-ST-ZIP	WEST MIAMI, FL 33144		CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	PRISCAL, SANDRA		NAME		
STREET ADDRESS	1420 MICHIGAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an officer like empowered.					
SIGNATURE:  Antonio Brito 6/11/03 305-4781463					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

012E037 (10/02)

06/19