

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90950 018 *****61.25

DOCUMENT # N44097

1. Entity Name

KIWANIS CLUB OF KEY BISCAIYNE, INC.



Principal Place of Business

**240 CRANDON BLVD. #104
KEY BISCAIYNE FL 33149
US**

Mailing Address

**240 CRANDON BLVD. #104
KEY BISCAIYNE FL 33149
US**

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 **65-0336509**

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

**SUAREZ, ALBERTO
240 CRANDON BLVD., STE. 104
KEY BISCAIYNE FL 33149**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, JULIAN	
STREET ADDRESS	8121 S W 35 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELGADO, ISMAIL	
STREET ADDRESS	1550 MADRUGA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTI, SERGIO	
STREET ADDRESS	77 CRANDON BLVD #5C	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, MAYRA	
STREET ADDRESS	8121 SW 35 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCELHANEY, CATHY	
STREET ADDRESS	85 W ENID DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLDAKOWSKI, ROBERT	
STREET ADDRESS	605 OCEAN DRIVE #8M	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **REQUIRED**

4/24/03

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CR2E037 (10/02)