

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90188 032 \*\*\*\*61.25

**DOCUMENT # N46887**

1. Entity Name

**KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.**

Principal Place of Business

4931 SW 152 AVE  
 MIRAMAR FL 33027  
 US

Mailing Address

P.O. BOX 821822  
 PEMBROKE PINES FL 33082-1822  
 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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANTELICES, ERNIE**  
 4931 SW 152 AVE  
 MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name **DONNA G. ROTH**

Street Address (P.O. Box Number is Not Acceptable)

**12555 ORANGE DRIVE # 123**

City **DAVIE**

FL Zip Code **33330**

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

*Donna Roth*

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

(NOTE: Registered Agent signature required when reinstating)

*6-19-02*

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	PUTMAN, BILL	10454 TAFT ST	PEMBROKE PINES FL 33024	<input type="checkbox"/>
2VPD	KRYSTY, TED	3700 LAKESIDE DR	MIRAMAR FL 33027	<input type="checkbox"/>
SD	ROTH, DONNA	P.O. BOX 823497	PEMBROKE PINES FL 33082	<input type="checkbox"/>
TD	MINER, JOANNE	12004 MIRAMAR PKWY	MIRAMAR FL 33025	<input type="checkbox"/>
D	WALKER, DEBRA	6700 MIRAMAR PKWY	MIRAMAR FL 33623	<input checked="" type="checkbox"/>
D	KRYSTY, IRIS	3700 LAKESIDE DR	MIRAMAR FL 33623	<input checked="" type="checkbox"/>

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

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*JOANNE MINER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-30-02* Date *954 437 1880* Daytime Phone #