

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002675**

1. Entity Name

KIWANIS CLUB CORAL GABLES LATIN, INC.**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90021 039 *****70.00

Principal Place of Business

**782 NW 42ND AVENUE
SUITE #328
MIAMI FL 33126**

Mailing Address

**782 NW 42ND AVENUE
SUITE #328
MIAMI FL 33126**

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

65-0495620

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

**SOLANO, AQUILES R
782 NW 42ND AVENUE
SUITE #328
MIAMI FL 33126**

Name

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

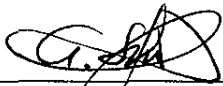
City

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

*Treasurer**2/10/2001*

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 NAME STREET ADDRESS CITY-ST-ZIP	P MARINA, JOSE 782 NW 42ND AVENUE # 328 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMOS, LETICIA 782 NW 42ND AVENUE # 328 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLANO, AQUILES R 782 NW 42ND AVENUE # 328 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONETTI, FERNANDO 782 NW 42ND AVENUE # 328 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIXTO, JORGE F 782 NW 42ND AVENUE # 328 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAL, ALEIDA 782 NW 42ND AVENUE # 328 MIAMI FL 33126 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICHES, VICTOR 782 NW 42nd AVENUE # 328 MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRYDIO, NORMA 782 NW 42nd AVENUE # 328 MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-TREASURER JOLANDA SOLANO 782 N.W. 42nd Avenue # 328 Miami FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*AQUILES R. SOLANO**02/10/2001 (305) 441-2606*

Date

Daytime Phone #

CR2E037 (10/00)