

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90232 023 ****61.25

DOCUMENT # N94000002675

1. Entity Name

KIWANIS CLUB CORAL GABLES LATIN, INC.



Principal Place of Business

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

Mailing Address

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

11016559



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0495620**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **MARINA, JOSE**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **P** ☒ Change ☐ Addition
NAME **PICHS, VICTOR**
STREET ADDRESS **782 NW 42 Ave # 328**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **S** ☐ Delete
NAME **SOLANO, YOLANDA**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **T/D** ☒ Change ☐ Addition
NAME **SOLANO, YOLANDA**
STREET ADDRESS **782 NW 42 Ave # 328**
CITY-ST-ZIP **Miami FL 33126**

TITLE **T** ☐ Delete
NAME **SOLANO, AQUILES R**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VPT/D** ☒ Change ☐ Addition
NAME **SOLANO, Aquiles R**
STREET ADDRESS **782 NW 42 Ave # 328**
CITY-ST-ZIP **Miami FL 33126**

TITLE **D** ☐ Delete
NAME **BONETTI, FERNANDO**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI FL 33126** **OK.**

TITLE **S/D** ☐ Change ☒ Addition
NAME **SOLANO, Monica**
STREET ADDRESS **782 NW 42 Ave # 328**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **D** ☐ Delete
NAME **SIXTO, JORGE F**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI FL 33126** **OK.**

TITLE **D** ☐ Change ☒ Addition
NAME **SOLANO JR, Aquiles**
STREET ADDRESS **782 NW 42 Ave # 328**
CITY-ST-ZIP **Miami FL 33126**

TITLE **D** ☐ Delete
NAME **LEAL, ALEIDA**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI FL 33126** **OK.**

TITLE **Vice-Treasurer/D** ☐ Change ☒ Addition
NAME **VAREZANA, Sergio de**
STREET ADDRESS **782 NW 42 Ave # 328**
CITY-ST-ZIP **Miami FL 33126**

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:

SOLANO, AQUILES R.

3/10/03 (305) 447-0029

CR2E037 (10/02)

Attachment

COPY
Additional Page...2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name KIWANIS CLUB CORAL GABLES LATIN, INC.					
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2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/10/03		Daytime Phone # (305) 447-0029	

CFR2E037 (10/02)