

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000000189**

1. Entity Name

**HIALEAH-MILANDERS LIONS CLUB, INC.**

Principal Place of Business

**1755 W. 39TH PLACE  
HIALEAH FL 33012**

Mailing Address

**1755 W. 39TH PLACE  
HIALEAH FL 33012-7016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0189306**

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

**ALONZO, MANUEL  
1755 W. 39TH PLACE  
HIALEAH FL 33012**

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WICKETT, HENRY</b>	
STREET ADDRESS	<b>19803 NW 67 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	

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

TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, HECTOR</b>	
STREET ADDRESS	<b>3941 NW 59 AVE</b>	
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL 33166</b>	

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

TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>WICKETT, PAT</b>	
STREET ADDRESS	<b>19803 NW 67 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, STANLEY</b>	
STREET ADDRESS	<b>909 E 8 AVE.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	

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

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, WILFREDO</b>	
STREET ADDRESS	<b>781 E 38 ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	

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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ALONZO, MANUEL</b>	
STREET ADDRESS	<b>81 W 64 ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33015</b>	

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: **Manuel R. Alonso** **REQUIRED MANUEL R. ALONSO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/9/00 305-822-8282**

Daytime Phone #

CR2E037 (9/99)