

2001 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**

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

65-0189306

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**

TITLE	D	WICKETT, HENRY	<input type="checkbox"/> Delete
NAME		19803 NW 67 CT.	
STREET ADDRESS		MIAMI FL 33015	
CITY-ST-ZIP			
TITLE	DV	MARTINEZ, HECTOR	<input type="checkbox"/> Delete
NAME		3941 NW 59 AVE	
STREET ADDRESS		VIRGINIA GARDENS FL 33166	
CITY-ST-ZIP			
TITLE	DS	WICKETT, PAT	<input type="checkbox"/> Delete
NAME		19803 NW 67 CT	
STREET ADDRESS		MIAMI FL 33015	
CITY-ST-ZIP			
TITLE	D	GOODMAN, STANLEY	<input type="checkbox"/> Delete
NAME		909 E 8 AVE.	
STREET ADDRESS		HIALEAH FL 33010	
CITY-ST-ZIP			
TITLE	DP	HERNANDEZ, WILFREDO	<input type="checkbox"/> Delete
NAME		781 E 38 ST	
STREET ADDRESS		HIALEAH FL 33013	
CITY-ST-ZIP			
TITLE	T	ALONZO, MANUEL	<input type="checkbox"/> Delete
NAME		81 W 64 ST	
STREET ADDRESS		HIALEAH FL 33015	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90099 040 ****61.25

C0039511

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)