

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001575

1. Entity Name

KIWANIS OF WESTCHESTER YOUTH FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90231 007 ****61.25

Principal Place of Business

Mailing Address

1550 MADRUGA AVE. STE. 406
CORAL GABLES FL 33146

1550 MADRUGA AVE. STE. 406
CORAL GABLES FL 33146-3019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

VICENS, ROLANDO
1550 MADRUGA AVE. STE. 406
CORAL GABLES FL 33146

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	P	<input checked="" type="checkbox"/> Delete
NAME	BERNAL, ALBERTO	
STREET ADDRESS	437 VILLA BELLA	
CITY-ST-ZIP	CORAL GABLES FL 33136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRERAS, ALVARO	
STREET ADDRESS	7891 S.W. 57 TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEL CASTILLO, JERRY	
STREET ADDRESS	13705 S.W. 106 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELGADO, MIGUEL	
STREET ADDRESS	1821 S.W. 92 PLACE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, EDUARDO	
STREET ADDRESS	1605 S.W. 31 AVE.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEON, GEORGE	
STREET ADDRESS	6340 S.W. 49 ST.	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERDOMO, ALEXIS	
STREET ADDRESS	10351 SW 20 TERR	
CITY-ST-ZIP	MIAMI, FL 33165-7387	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORMENED, FRANK	
STREET ADDRESS	4601 SW 142 PLACE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, DANIEL	
STREET ADDRESS	6337 SW 85 STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, MIGUEL	
STREET ADDRESS	12330 SW 119 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICENS, ROLANDO	
STREET ADDRESS	12901 SOUTH CALUSA CLUB	
CITY-ST-ZIP	MIAMI, FL 33186	
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

ALEX PERDOMO

Date

Daytime Phone #

4/26/2000 305-552-3778

CR2E037 (9/99)