

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003217

1. Entity Name

KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, I.

R

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-08-2000 90129 035 ****61.25

Principal Place of Business

Mailing Address

1915 WEST 8TH AVENUE
HIALEAH FL 33010

1915 WEST 8TH AVENUE
HIALEAH FL 33010-2303

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 65-0920375

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

LOZANO, ALVARO
1915 WEST 8TH AVENUE
HIALEAH FL 33010

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 ☐ Delete

NAME PD
STREET ADDRESS LOZANO, ALVARO
CITY-ST-ZIP 14220 SW 92ND AVENUE
MIAMI FL 33176

TITLE ☐ Delete

NAME VD
STREET ADDRESS MARULANDA, HECTOR
CITY-ST-ZIP 8487 NW 191ST STREET
MIAMI FL 33015

TITLE ☐ Delete

NAME SD
STREET ADDRESS PEREZ, MYRIAM
CITY-ST-ZIP 11861 SW 94TH STREET
MIAMI FL 33188

TITLE ☒ Delete

NAME ASD
STREET ADDRESS GRAHAM, LAILA
CITY-ST-ZIP 7555 SW 153RD PLACE #104
MIAMI FL 33193

TITLE ☐ Delete

NAME TD
STREET ADDRESS VALVERDE, MARTHA
CITY-ST-ZIP 453 NE 210TH TERRACE (NORTH POINTE)
NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete

NAME ATD
STREET ADDRESS MARULANDA, MARIA I
CITY-ST-ZIP 8487 NW 191ST STREET
MIAMI FL 33015

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS Boris Alvarez place
CITY-ST-ZIP 18679 NW 77
MIAMI, FL 33015

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ALVARO LOZANO REQUIRED

4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)