

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003217

1. Entity Name

KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, I

Principal Place of Business

1915 WEST 8TH AVENUE  
HIALEAH FL 33010

Mailing Address

1915 WEST 8TH AVENUE  
HIALEAH FL 33010

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

LOZANO, ALVARO  
1915 WEST 8TH AVENUE  
HIALEAH FL 33010

7. Name and Address of New Registered Agent

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

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

TITLE SD ☐ Delete  
NAME PEREZ, MYRIAM  
STREET ADDRESS 11861 SW 94TH STREET  
CITY-ST-ZIP MIAMI FL 33186

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

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

TITLE ATD ☐ Delete  
NAME MARULANDA, MARIA L  
STREET ADDRESS 8487 NW 191ST STREET  
CITY-ST-ZIP MIAMI FL 33015

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90132 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)