

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90164 003 ****61.25

DOCUMENT # N99000003217

1. Entity Name

KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, I NC.

Principal Place of Business

Mailing Address

1915 WEST 8TH AVENUE
HIALEAH FL 33010

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

7. Name and Address of New Registered Agent

LOZANO, ALVARO
1915 WEST 8TH AVENUE
HIALEAH FL 33010

Name

HECTOR MARULANDA

Street Address (P.O. Box Number is Not Acceptable)

8487 NW 191 STREET

City

MIAMI, FL

FL

Zip Code

33015

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 **Alvaro Lozano**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/02

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

TITLE **PD** ☐ Change ☒ Addition
NAME **HECTOR MARULANDA**
STREET ADDRESS **8487 NW 191 STREET**
CITY-ST-ZIP **MIAMI, FL 33015**

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

TITLE **VD** ☐ Change ☒ Addition
NAME **MARTIN ROY LEON**
STREET ADDRESS **7102 NW 50 STREET**
CITY-ST-ZIP **MIAMI, FL 33166**

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

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ALVARO LOZANO**
STREET ADDRESS **1915 WEST 8TH AVE.**
CITY-ST-ZIP **MIAMI, FL 33010**

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

3/31/02

CR2E037 (9/01)