

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000005486

1. Entity Name

ROTARY FOUNDATION OF MIAMI WEST, INC.

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90814 024 \*\*\*\*61.25

0023956

Principal Place of Business

1429 ALEGRIANO AVE.  
CORAL GABLES FL 33146

Mailing Address

1429 ALEGRIANO AVE.  
CORAL GABLES FL 33146

80126826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0749244

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

AIRAN, LALITA D  
1429 ALEGRIANO AVE.  
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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KUMAR, MAHENDRA-DR.  
STREET ADDRESS 7930 S.W. 161 ST.  
CITY-ST-ZIP MIAMI FL 33157 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PED  
NAME LOWENSTEIN, PAT  
STREET ADDRESS 2100 SALZEDO ST., STE. 303  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD  
NAME KRESTI, MICHAEL  
STREET ADDRESS 7417 S.W. 140TH COURT  
CITY-ST-ZIP MIAMI FL 33183 ☒ DeleteTITLE ☐ Change ☒ Addition  
NAME T.D. GEORGES ACHA  
STREET ADDRESS 1310 South West 117th Street  
CITY-ST-ZIP MIAMI, FL 33186TITLE SD  
NAME GRIFFIN, ALAN  
STREET ADDRESS 5201 BLUE LAGOON DR., #PH  
CITY-ST-ZIP MIAMI FL 33126 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SOAD  
NAME MELAMUD, MICHAEL  
STREET ADDRESS 12180 S.W. 70TH COURT  
CITY-ST-ZIP MIAMI FL 33156 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

5/14/2002 305 243 4408

CR2E037 (9/01)