

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N00000006256**

1. Entity Name

**KIWANIS OF AVENTURA FOUNDATION, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 802733  
AVENTURA FL 33180

POST OFFICE BOX 802733  
AVENTURA FL 33180

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

**05-1034846**

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

Name

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

City

**FL**

Zip Code

**PINDER, THOMAS K  
18010 N.E. 10TH AVENUE  
NORTH MIAMI BEACH FL 33182**

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25**

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**  Delete  
NAME **PONCE, CARLOS**  
STREET ADDRESS **1180 N.E. 181ST TERRACE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33182**

TITLE **TREASURER**  Change  Addition  
NAME **BARBARA C. ZIMMERMAN**  
STREET ADDRESS **20281 E. COUNTY CLUB DR. # 1905**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **V**  Delete  
NAME **PINDER, THOMAS K**  
STREET ADDRESS **18010 N.E. 10TH AVENUE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33182**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **SIMON, SHELLY**  
STREET ADDRESS **21431 HIGHLAND LAKES BOULEVARD**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **SHENKER, FERRIS**  
STREET ADDRESS **2385 N.E. 213TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33180**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **ROSS, HOWARD**  
STREET ADDRESS **2450 N.E. 202 STREET**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **ROSS, PAULA**  
STREET ADDRESS **2450 N.E. 202 STREET**  
CITY-ST-ZIP **AVENTURA FL 33180**

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, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-20-2001 (305) 944-6460**

DATE

DAYTIME PHONE #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 OCT 12 PM 1:31



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)