FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am Secretary of State **DOCUMENT # 737194** 1. Entity Name BROWARD INTERNATIONAL WOMEN'S CLUB, INC. 02-16-2001 90028 036 ****61.25 Principal Place of Business Mailing Address 1237 SW 149 LANE 1237 SW 149 LANE SUNRISE FL 33326 SUNRISE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1730444 Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BESCH, ANGELA R Street Address (P.O. Box Number is Not Acceptable) 1237 S.W. 149 LANE SUNRISE FL 33326 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. President BINC Feb. 13/2001 E: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME BESCH, ANGELA R STREET ADDRESS STREET ADDRESS 1237 SW 149 LANE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326 Addition ☐ Delete TITI F D٧ NAME NAME CAMPBELL, PENNY STREET ADDRESS STREET ADDRESS 1110 SE 5TH AVENUE CITY-ST-ZIP CITY-ST-ZIP* POMPANO BEACH FL 33060 ☐ Addition Change TITL F ☐ Delete ARRIOLA, ANA NAME NAME STREET ADDRESS STREET ADDRESS 2611 OAK BROOKE COURT CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GRIFFIN. ANNE-MARIE STREET ADDRESS STREET ADDRESS 3850 GALT OCEAN DRIVE #901 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Addition ☐ Change ☐ Delete TITLE NAME WETTEUGEL, JISE STREET ADDRESS STREET ADDRESS 521 SW 14TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 TITLE ☐ Channe ☐ Addition ☐ Delete NAME STEINKAMP, MARTHA NAME STREET ADDRESS STREET ADDRESS 6240 NE 19TH TERRACE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAWERINE BESCH, FINGERA R. BESCH

02/13/2001

Daytime Phone #