

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90034 012 ****61.29

DOCUMENT # 737194

1. Entity Name

BROWARD INTERNATIONAL WOMEN'S CLUB, INC.

Principal Place of Business

Mailing Address

1237 SW 149 LANE
 SUNRISE FL 33326

1237 SW 149 LANE
 SUNRISE FL 33326

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 **59-1730444**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESCH, ANGELA R
1237 S.W. 149 LANE
SUNRISE FL 33326

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BESCH, ANGELA R**
 STREET ADDRESS **1237 SW 149 LANE**
 CITY-ST-ZIP **SUNRISE FL 33326**

TITLE **PD** Change Addition
 NAME **ARRIOLA, ANA R.**
 STREET ADDRESS **2611 Oakbrooke Court**
 CITY-ST-ZIP **Weston, FLA, 33332**

TITLE **DV** Delete
 NAME **CAMPBELL, PENNY**
 STREET ADDRESS **1110 SE 5TH AVENUE**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **DV** Change Addition
 NAME **LIPTON, LINDSAY**
 STREET ADDRESS **6532 VIA ROSA**
 CITY-ST-ZIP **BOCA RATON, FLA, 33433**

TITLE **TD** Delete
 NAME **ARRIOLA, ANA**
 STREET ADDRESS **2611 OAK BROOKE COURT**
 CITY-ST-ZIP **WESTON FL 33332**

TITLE **TD** Change Addition
 NAME **VAN HOLT, UTE**
 STREET ADDRESS **681 SPINNAKER**
 CITY-ST-ZIP **Weston, FLA, 33326**

TITLE **SD** Delete
 NAME **GRIFFIN, ANNE-MARIE**
 STREET ADDRESS **3850 GALT OCEAN DRIVE #901**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **SD** Change Addition
 NAME **GRIFFIN, ANNE-MARIE**
 STREET ADDRESS **3850 GALT OCEAN DR. # 901**
 CITY-ST-ZIP **Ft. Lauderdale, Fla, 33308**

TITLE **D** Delete
 NAME **WETTEUGEL, JISE**
 STREET ADDRESS **521 SW 14TH STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** Change Addition
 NAME **VALSECCHI, CHANTAL**
 STREET ADDRESS **2790 NE 57th Street**
 CITY-ST-ZIP **Ft. Lauderdale FLA, 33308**

TITLE **D** Delete
 NAME **STEINKAMP, MARTHA**
 STREET ADDRESS **6240 NE 19TH TERRACE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **D** Change Addition
 NAME **BESCH, ANGELA R.**
 STREET ADDRESS **1237 SW 149 LANE**
 CITY-ST-ZIP **SUNRISE FLA 33326**

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: *Angela R. Besch* **ANGELA R. BESCH, Jan. 15 102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 475-9425

CR2E037 (9/01)