


05-02-2003 90145 042 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # N02000005710			
1. Entity Name U.M.A. OF TAMPA BAY WOMEN INC.			
Principal Place of Business 4518 SWEETWATER LAKE DR. TAMPA FL 33613		Mailing Address 4518 SWEETWATER LAKE DR. TAMPA FL 33613	
2. Principal Place of Business 3003 Barnhard Dr. Apt. 118		3. Mailing Address P.O. Box 16203	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33613		Country U.S.A.	
4. FEI Number 74-3050800		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAHEED, AISHA 11801 N. 50TH ST. F24 TAMPA FL 33617		7. Name and Address of New Registered Agent Name: Mary J. O'Keefe Street Address (P.O. Box Number is Not Acceptable): 9825 Sir Frederick St. City: Tampa FL Zip Code: 33637	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u>Mary J. O'Keefe, Secretary</u>		DATE: <u>4-30-03</u>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President NAME: Pilar Saad STREET ADDRESS: 4518 Sweetwater Lake Dr. CITY-ST-ZIP: Tampa, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE: Acting President - P.O. NAME: Aisha Waheed STREET ADDRESS: 3003 Barnhard Dr., Apt. 118 CITY-ST-ZIP: Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Assistant Vice-President NAME: Hadel Rifaie STREET ADDRESS: 15115 Nature Walk Dr. CITY-ST-ZIP: Tampa, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE: Vice-President, VP NAME: Aisha Waheed STREET ADDRESS: 3003 Barnhard Dr., Apt. 118 CITY-ST-ZIP: Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Assistant Secretary NAME: Huda Mohamed STREET ADDRESS: 11814-C Raintree Lake Ln CITY-ST-ZIP: Tampa, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Mary J. O'Keefe STREET ADDRESS: 9825 Sir Frederick St. CITY-ST-ZIP: Tampa, FL 33637	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Treasurer, T NAME: Marian Nasr STREET ADDRESS: 10707 Woodmore Rd. CITY-ST-ZIP: Tampa, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Assistant Treasurer, T NAME: Sulata AbuKhadair STREET ADDRESS: 11305 N. 51st. Apt. 21 CITY-ST-ZIP: Tampa, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>(Signature)</u>		DATE: <u>4-30-03 (813) 631-0015</u>	

*Corrected*

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CHECK HERE IF MAKING CHANGES

CFR20037 (1/01/02)