

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N34704

2002 APR 29 PM 3:26

1. Entity Name
Dade County Women's Political Caucus, Inc.

DO NOT WRITE IN THIS SPACE

400005371114--5

04/29/02--01109--010

*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3301 NE 5th Ave

3. Mailing Address

P.O.B. 960501

Suite, Apt. #, etc.

#1103

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2682157

Applied For

Not Applicable

Zip

33137

Country

Miami-Dade

Zip

33296-0501

Country

Miami-Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Roxanne A. Joffe

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

Suite 325 The Marcus Centre

9990 SW 77 Ave

City

Miami

FL

Zip Code
33156

**DO NOT WRITE
IN THIS SPACE**

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

Roxanne A. Joffe, Esq. Agent

4/22/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when re-registering)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE *Dir*
NAME
STREET ADDRESS
CITY - ST - ZIP
Alexandra Wayland (Chair)
3301 NE 5th Ave
Miami, FL 33137

TITLE *Dir*
NAME
STREET ADDRESS
CITY - ST - ZIP
Dr. Irene Lipof (Vice-Chair)
3748 NE 209 Terrace
Miami, FL 33180

TITLE *Dir*
NAME
STREET ADDRESS
CITY - ST - ZIP
JoAnn Bova (Secretary-Corres)
18552 SW 89 Place
Miami, FL 33157

TITLE *Dir*
NAME
STREET ADDRESS
CITY - ST - ZIP
Barbara C. Schwartz (Treas)
7920 SW 138 Court
Miami, FL 33183

TITLE *Dir*
NAME
STREET ADDRESS
CITY - ST - ZIP
Emily England (Mbrship Chair)
13228 SW 108 St Cir
Miami, FL 33186-3422

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

LFS 4-30-02

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Emily H. England

Emily H. England

305-385-4435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)