

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90015 011 ****61.25

DOCUMENT # N35922

1. Entity Name

WOMEN'S EMERGENCY NETWORK, INC.

Principal Place of Business

1234 S. DIXIE HWY. #312
 CORAL GABLES FL 33146

Mailing Address

1234 S. DIXIE HWY. #312
 CORAL GABLES FL 33146

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 **59-2985791**

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

COHAN, CAROL
3939 LEAFY WAY
MIAMI FL 33133

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
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

TITLE **PD** ☐ Delete
 NAME **COHAN, CAROL**
 STREET ADDRESS **3939 LEAFY WAY**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VD** ☐ Delete
 NAME **MEYER, LYNN**
 STREET ADDRESS **6790 S.W. 52 STREET**
 CITY-ST-ZIP **MIAMI FL 33154**

TITLE **SD** ☐ Delete
 NAME **ELKIN, KAREN**
 STREET ADDRESS **1012 MARIPOSA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **TD** ☐ Delete
 NAME **ELLISON, JANET**
 STREET ADDRESS **7495 SCHOOLHOUSE ROAD**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☒ Delete
 NAME **BARSH, KERRI ESQ.**
 STREET ADDRESS **9 ISLAND AVENUE, #1101**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
 NAME **CHANEY, DOROTHY**
 STREET ADDRESS **1129 N.W. 105 STREET**
 CITY-ST-ZIP **MIAMI FL 33150**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **TD ELLISON, JANET**
 STREET ADDRESS **4974 SW 76 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE OF CAROL COHAN

7/12/01 **3:05**
446-1910

CR2E037 (5/01)