

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90014 033 \*\*\*\*61.25

**DOCUMENT # N98000003697**  
 1. Entity Name  
**HISPANIC WOMEN ALLIANCE AGAINST DOMESTIC VIOLENC**

Principal Place of Business      Mailing Address

**Ms. Carmen Griggs**  
 780 NE 69th St. Apt. 2510  
 Miami, FL 33138-5755

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 780 NE 69th St. Apt. 2510  
 Miami, FL 33138-5755

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      Applied For

**65-0849051**       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

**GRIGGS, CARMEN C.**

**Ms. Carmen Griggs**  
 780 NE 69th St. Apt. 2510  
 Miami, FL 33138-5755

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOLLADELAVILLA, MILLIE</b>	
STREET ADDRESS	<b>1605 SIREN RD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33155</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIGGS, CRYSTAL A</b>	
STREET ADDRESS	<b>635 NE 52 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>Q</b>	<input type="checkbox"/> Delete
NAME	<b>GRIGGS, SHAUN C</b>	
STREET ADDRESS	<b>635 NE 52 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRIGGS, CARMEN C</b>	
STREET ADDRESS	<b>635 NE 52 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>BERMAN, REGINA</b>	
STREET ADDRESS	<b>7970 BISCAYNE PT CIR</b>	
CITY-ST-ZIP	<b>MB FL 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELVISINCHI, BIANCA</b>	
STREET ADDRESS	<b>960 PEMBROKE RD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: CARMEN C. GRIGGS      Date: 5-2-2000      Daytime Phone #: 305-751-0302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)