

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90154 017 \*\*\*\*61.25

**DOCUMENT # N98000005185**

1. Entity Name

**WOMEN OF TOMORROW, INC.**

Principal Place of Business

C/O JENNIFER V. VALOPPI  
 15000 SW 27TH ST  
 MIRAMAR FL 33027

Mailing Address

C/O JENNIFER V. VALOPPI  
 15000 SW 27TH ST  
 MIRAMAR FL 33027

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0862995**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, JONATHAN H**  
**799 BRICKELL PLAZA STE 700**  
**MIAMI FL 33131**

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

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VALOPPI, JENNIFER V</b>	
STREET ADDRESS	<b>316 N MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIAMI-FL 33128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWNE, DON</b>	
STREET ADDRESS	<b>316 N MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIAMI-FL 33128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUNDLE, KATHERINE F</b>	
STREET ADDRESS	<b>316 N MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIAMI-FL 33128</b>	
TITLE	<b>D Williams, Sherry</b>	<input type="checkbox"/> Delete <b>Addition</b>
NAME	<b>The Legal Center</b>	
STREET ADDRESS	<b>1 Riverfront Plaza #7th Floor</b>	
CITY-ST-ZIP	<b>Newark, NJ 07102</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Valoppi, Jennifer V.</b>	
STREET ADDRESS	<b>15000 SW 27th St</b>	
CITY-ST-ZIP	<b>Miramamar, FL 33027</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Browne, Don</b>	
STREET ADDRESS	<b>15000 SW 27 St</b>	
CITY-ST-ZIP	<b>Miramamar, FL 33027</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rundle, Katherine Fernandez</b>	
STREET ADDRESS	<b>15000 SW 27 St</b>	
CITY-ST-ZIP	<b>Miami FL 33027 Miramamar, FL 33027</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Huizenga, Marti</b>	
STREET ADDRESS	<b>516 Mola Ave</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Srebnick, Marifa</b>	
STREET ADDRESS	<b>545 NW 26 St c/o Scott Notions, Inc</b>	
CITY-ST-ZIP	<b>Mia FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Judge Judith Kreeger</b>	
STREET ADDRESS	<b>Miami-Pade Circuit Court</b>	
CITY-ST-ZIP	<b>175 NW 1st Ave Room 2114</b> <b>Mia FL 33128</b>	

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:

*Jennifer Valoppi*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/02**

CR2E037 (9/01)