2000 UNIFORM BUSINESS REPORT (UBK) **FILED** DOCUMENT # **N99000002666** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** GIRLS II WOMEN, WOMEN'S FORUM, INC. 03-29-2000 90064 048 ****61.25 Mailing Address Principal Place of Business 900 LARRIMORE RD. PAHOKEE FL 33476 3. Mailing Address 2. Principal Place of Business 1700 Palm Beach Lakes Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1000 Stz. Applied For 4. FEI Number City & State City & State 65-0921919 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, MICHELLE LEWIS.LONGMAN & WALKER, P.A., 1700 PALM BEAC H LAKES BLVD., STE. 100 West Palm Beach WEST PALM BEACH FL 33401 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Picsident. Change Addition TITLE TITLE Delete Michelle Williams WILLIAMS, MICHELLE NAME NAME 506 272 street STREET ADDRESS STREET ADDRESS 3015 POINSETTA AVE., APT.C CITY-ST-ZIP West Palm Beach PL 33407 CITY-ST-ZIP WESTPALM BEACH FL 33407 Delete TITLE VPD TITLE NAME NAME GRELLER, PAULA STREET ADDRESS STREET ADDRESS 333 NO. OCEAN BLVD., APT. 1718 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Addition ☐ Change ☐ Delete TITLE TITLE TD NAME NAME CHIODO, JACQUELINE STREET ADDRESS STREET ADDRESS 4158 OAK STREET CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Addition Change SD ☐ Delete TITLE TITLE PRESSEY, TARRA NAME NAME STREET ADDRESS STREET ADDRESS 3028 CASA RIO COURT CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

HEUVITE DMichelle Williams 2/15/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR