

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S00889

FILED
Feb 13, 2003
Secretary of State

Entity Name: A WOMAN'S CARE II, INC.

Current Principal Place of Business:

952 E 25TH ST
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

952 E 25TH ST
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 65-0222859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEGUERO, MARIA
18794 NW 80 AVE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEGUERO, MARIA,
Address: 18804 WEST LAKE DRIVE
City-St-Zip: COUNTRY CLUB OF MIAMI, FL 33015

Title: D () Delete
Name: PEGUERO, FELICITA,
Address: 18701 NW 77TH CT
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PEGUERO, MARIA,
Address: 18794 NW 80TH AVENUE
City-St-Zip: HIALEAH, FL 33015

Title: D (X) Change () Addition
Name: PEGUERO, FELICITA,
Address: 18804 WEST LAKE DRIVE
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA PEGUERO

D

02/13/2003

Electronic Signature of Signing Officer or Director

_____ Date