2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # 748544** 1. Entity Name 30 WOMEN FOR CHARITY, INC. 04-26-2000 90057 016 ****61.25 Mailing Address Principal Place of Business 4896 NW 67 AVE 4896 NW 67 AVE FT LAUDERDALE FL 33319-7214 FT LAUDERDALE FL 33319 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2101217 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **--**--Street Address (P.O. Box Number is Not Acceptable) ROSENTHAL, WENDY 5558 PINE CIRCLE **CORAL SPRINGS FL 33067** City 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. 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** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition ☐ Delete TITLE Change TITLE NAME ROSENTHAL, WENDY NAME STREET ADDRESS STREET ADDRESS 5558 PINE CIRCLE CITY-ST-ZIP CITY-ST-ZIE **CORAL SPRINGS FL 33067** K Change Addition ☐ Delete TITLE PD TITLE Patti Covert PATTI COVERT NAME NAME 9620 NO 43 rd St STREET ADDRESS STREET ADDRESS 9620 NW 43RD ST Sunrise FL CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ₹ PD Change **₽-**₽\) ☐ Addition ☐ Delete TITLE DORI POPKIN LORI POPKIN NAME NAME 1953 S. Landing Way STREET ADDRESS STREET ADDRESS 1953 S LANDING WAY CITY-ST-ZIP Ft, Lauderdale FL 33326 CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME 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

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Descripte Phone #

changed, or on an attachment with an address, with all other like empowered.