

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84517

1. Entity Name

A WOMAN'S CARE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90018 043 ***550.00

Principal Place of Business

68 N.E. 167 STREET
 SUITE A
 MIAMI FL 33162

Mailing Address

68 N.E. 167 STREET
 SUITE A
 MIAMI FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0122192

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENISES, SIOMARA
 14720 SHOTGUN ROAD
 DAVIE FL 33325

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

Siomara Senises

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME SENISES, SIOMARA
 STREET ADDRESS 3500 FAIR FAX LN
 CITY-ST-ZIP DAVIE FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
 NAME PEGUERO, MARIA
 STREET ADDRESS 18794 NW 80 AVE.
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Siomara Senises
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/8/00

Daytime Phone #

305) 947-0885

CR2E034 (5/00)