2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State
08-21-2001 90005 042 ****61.25

0009157

DOCUMENT # 748544

1. Entity Name

30 WOMEN FOR CHARITY, INC.

Principal Place of Business	Mailing Address
4896 NW 67 AVE FT LAUDERDALE FL 33319 US	4896 NW 67 AVE FT LAUDERDALE FL 33319 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5558 Pine Circle	5558 Pine Circle
Suite, Apt. #, etc. Coral Springs FL 33067	Suite, Apt. #, etc.
City & State FLORIDA	City & State Coral Springs FL
Zip: 33067 Country: USA	Zip: 33067 Country: USA

4. FEI Number 59-2101217 ☐ Applied For ☐ Not Applicable

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
ROSENTHAL, WENDY 5558 PINE CIRCLE CORAL SPRINGS FL 33067	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 Wendy Rosenthal 8/16/01

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
After September 12, 2001, min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSENTHAL, WENDY 5558 PINE CIRCLE CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PATTI COVERT 9620 NW 43RD ST SUNRISE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Carol Mink 5900 NW 44th st # 612 Lauderhill FL 33319 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LORI POPKIN 1953 S LANDING WAY FT LAUDERDALE FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADINA Sharfstein PD 831 Monticello Ave Davie Florida ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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: Wendy Rosenthal SIGNATURE REQUIRED 8/16/01 954-341-4646