

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90267 001 \*\*\*\*\*8.75  
08-11-2003 90267 002 \*\*\*\*\*61.25

**DOCUMENT # N02000004710**



1. Entity Name

**NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, G  
REATER MIAMI, INC.**

Principal Place of Business

**1895 PONCE DE LEON BLVD., STE. 299  
CORAL GABLES FL 33134**

Mailing Address

**1895 PONCE DE LEON BLVD., STE. 299  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3700816**

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

**LANDY, Nanci S Esq.  
801 N.E. 167TH ST., 2ND FLOOR  
NORTH MIAMI BEACH FL 33162**

Name

**Delanea Ouellette**

Street Address (P.O. Box Number is Not Acceptable)

**8001 Grand Canal Drive**

City

**Miami**

**FL**

Zip Code

**33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Delanea L. Ouellette**

**Delanea L. Ouellette**

**8.5.03**

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Delete  
NAME **Era Valentine**  
STREET ADDRESS **7740 SW 104 Street, #202**  
CITY-ST-ZIP **Miami, FL 33157**

TITLE **Vice President** ☐ Change ☐ Addition  
NAME **Lourdes San Martin**  
STREET ADDRESS **5000 SW 75 Avenue, #202**  
CITY-ST-ZIP **Miami, FL 33155**

TITLE **Vice President** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary - Carmen Alexis** ☐ Delete  
NAME  
STREET ADDRESS **12154 SW 131 Avenue**  
CITY-ST-ZIP **Miami, FL 33186**

TITLE **Treasurer** ☐ Change ☐ Addition  
NAME **Carol Alexander**  
STREET ADDRESS **11375 SW 112 Circle Lane South**  
CITY-ST-ZIP **Miami, FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Delanea L. Ouellette** **8/5/03** **305-262-5010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E037 (4/03)