

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 6006487

1. Entity Name

WEST BROWARD WOMEN'S CENTER, INC.

Principal Place of Business 333 NW 70th Avenue Suite 120 Plantation, FL 33317	Mailing Address 4651 Sheridan Street Suite 400 Hollywood, FL 33021
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 64-0471804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

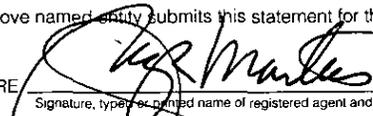
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Greenberg, Warren M.
333 NW 70th Avenue, Suite 120
Plantation, FL 33317

7. Name and Address of New Registered Agent

Name Martus, Jay A., Esq.
Street Address (P.O. Box Number is Not Acceptable) 4651 Sheridan Street
Suite 400
City Hollywood FL Zip Code 33021

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  DATE May 1, 2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

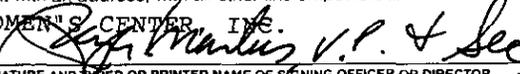
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PD NAME Rinella, John L. STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE VD NAME Hudanich, R. STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE SD NAME Greenberg, Warren M. STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE TD NAME Ralph, Jonathan STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE VD NAME Sijin, Odalis STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE D NAME Danoff, Burton H. STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME Eisenberg, Mitchell STREET ADDRESS CITY-ST-ZIP 4651 Sheridan Street, Suite 400 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE EVPD NAME Gold, Lewis STREET ADDRESS CITY-ST-ZIP 4651 Sheridan Street, Suite 400 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPS NAME Martus, Jay A. STREET ADDRESS CITY-ST-ZIP 4651 Sheridan Street, Suite 400 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CFOD NAME Coward, Robert STREET ADDRESS CITY-ST-ZIP 4651 Sheridan Street, Suite 400 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME Greenberg, Warren M. STREET ADDRESS CITY-ST-ZIP 333 NW 70th Avenue, Suite 120 Plantation, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: By:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay A. Martus, Vice President and Secretary

CR2E034 (9/99)

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****150.00 ****150.00