0615379 AT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 647474

1. Entity Name

WOMEN'S CHOICE OF NEW JERSEY, INC.

|--|

FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90103 023 ***150.00

Principal Place of Business 79 VIRGINIA AVE FORT LEE NJ 07024			79 VI	Mailing Address 79 VIRGINIA AVE FORT LEE NJ 07024				A TORKKO BALKE BÜBAL KEBIL BIRBIL GORAL O	(A) (A) (A) (A) (A)		11 1 11 9 1811 (9 9)	
2. Principal P	Place of Busin	ness	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
City & Stat	e		City	City & State			4. F	FEI Number 59-1964281	59-1964281 Applied For Not Applicable			
Zip	Country			ip Country			5. 0	ertificate of Status Desired S8.75 Additional Fee Required				
- 6. Name and Address of Current Registered Agent							7 N	lame and Address of New Regi	stered A	gent		
				<u> </u>		Name	~	tame and Addition of their rings	<u> </u>	gon		
WEISELBERG, TED					<u></u>		(PO Bo	ox Number is Not Acceptable)				
C/O FELSON P. FELSON, CPA 9900 STERLING ROAD, STE. 103								ox realised to the recognition	·			
	CITY FL 33	•			-	City			FL	Zip Cod	e	
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.												
SIGNÁTURE												
¥/	Signature, typed	or printed name of regist	ered agent and title if app	licable. (NOTE:	Registered Aç	jent signature require	d when rei	instating)	DATE		1	
								May Be				
								<u></u>				
10.	20	OFFICE	RS AND DIRECTO		11.		ADI	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	PD WEISELBE 79 VIRGIN	IA ÁVE	·	☐ Delete	NAME STREET					☐ Change	Addition	
CITY-ST-ZIP	FT. LEE N	J 			CITY-ST	- ZiP						
TITLE NAME				☐ Delete	TITLE					Change	Addition	
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CITY-ST-ZIP	<u> </u>			 -	CITY-ST	ZIF						
TITLE NAME	1			☐ Delete	, TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREET A	l l						

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 607, 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:

THE THEOLOGIED

1-19-03

201-224-9032

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Daytime Phone #