

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90056 040 \*\*\*\*61.25

0071524

**DOCUMENT # 704257**

1. Entity Name

**DADE COUNTY FEDERATION OF WOMEN'S CLUBS**

Principal Place of Business

Mailing Address

**MIAMI WOMAN'S CLUB  
 1737 N. BAYSHORE DR.  
 MIAMI FL 33132  
 US**

**20251 SW 272 ST.  
 HOMESTEAD FL 33031**

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

**59-6134539**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOSNER, W H (MRS.)  
 20251 SW 272 ST.  
 HOMESTEAD FL 33031**

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

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**

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  Delete  
 NAME **D CARRUTH, CHARLYNE**  
 STREET ADDRESS **7440 MIAMI LAKES DR**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D CROSS, JR. J. ALAN**  
 STREET ADDRESS **12700 SW 67TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D THOMPSON, MILTON E.(MRS)**  
 STREET ADDRESS **16221 E. TROON CIR.**  
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D KEVORKIAN, VIRGINIA**  
 STREET ADDRESS **19631 E OAKMONT DR**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **C CUBILLAS, L. (MRS.)**  
 STREET ADDRESS **155 N.W. 123RD ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T LOSNER, WILLIAM H. (MRS.)**  
 STREET ADDRESS **20251 SW 272 ST.**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE  Change  Addition  
 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:**

*William H. Losner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/4/02*  
 Date

*305-240-8102*  
 Daytime Phone #

CR2E037 (9/01)