

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90217 009 ****61.25

DOCUMENT # 725637

1. Entity Name

GREATER MIAMI SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business

**4221 PINE TREE DR
 MIAMI BCH FL 33140**

Mailing Address

**4221 PINE TREE DR
 MIAMI BCH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6192641

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DANA M KAUFMAN
 4700 SHERIDAN ST
 BLDG N
 HOLLYWOOD FL 33021**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GLICKSTEIN, JOAN 4221 PINE TREE DR MIAMI BCH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITRANI, LAURIE 4221 PINE TREE DR MIAMI BCH FL 33140	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOWENSTEIN, MARCY 4221 PINE TREE DR MIAMI BCH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGER, BETSY 4221 PINE TREE DR MIAMI BCH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, MONI 4221 PINE TREE DR MIAMI BCH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, ALISSA 4221 PINE TREE DR MIAMI BCH FL 33140	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Laura Rodriguez 8010 Norelmas Ave Miami Beach, FL 33141	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Daytime Phone #

CR2E037 (9/01)