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

DOCUMENT # 727618

1. Entity Name

WOMEN OF THE STABLE, INC.



FILED Feb 12, 2003 8:00 am § Secretary of State

02-12-2003 90106 011 ****61.25

			Mailing Address					
ST. MAURICE CATHOLIC CHURCH 28 FT. LAUDERDALE FL 33312 FT			2851 STIRLING RD FT LAUDERDALE FL 33312 US		1 (88)((188)6)	18ft 1881# 8f18† 11881 18f1 8181	Aluk dhak bilki eh	a li a lali 1861
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	4. FEI Number NOT APPLICABLE Applied For Not Applica		oplied For	
Zìp		Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Register			Registered Agent		7. Name and Address of New Registered Agent			
•				"Name :		and the second control of the second	ere is i i i i i i i i i	
RIENZO, MARIA 703 HIGHLANDS DR HOLLYWOOD FL 33021				Street A	Street Address (P.O. Box Number is Not Acceptable)			
HOLLIW	700D 7 L 3302	.1		City		F	L Zip Code	e
the obligat	Signature, typed or p	ed agent. printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	are required when reinstating)	DATE	· · · · · ·	
I	FILE NOW:	FEE IS \$61.25	9. Election Carr Trust Fund Co	npalgn Financing ontribution.	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S	
	FILE NOW:		Trust Fund Co	ontribution.	Added to Fees	Florida Depa	artment of S	State
10.		FEE IS \$61.25 OFFICERS AND DIR	Trust Fund Co	ontribution.	Added to Fees		ortment of S	State 10
	PD	OFFICERS AND DIR	Trust Fund Co	11.	Added to Fees	Florida Depa	artment of S	State
10. TITLE	PD RIENZO, MA	OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida Depa	ortment of S	State 10
10. TITLE NAME	PD RIENZO, MA 703 N HIGH	OFFICERS AND DIR RIA LANDS DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Depa	ortment of S	State 10
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12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4958 Swaltrociocci
4958 Swalterrace

CooperCity

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SCHMIDT, MARYANN

3921 ROOSEVELT ST

HOLLYWOOD FL 33021

- Cappella

☐ Delete

Addition