

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

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90013 015 \*\*\*\*61.25

**DOCUMENT # 742834**

1. Entity Name

**WOMEN'S CENTER, INC.**



Principal Place of Business

**111 MAJORCA AVE**

**B**

**CORAL GABLES FL 33134**

**US**

Mailing Address

**111 MAJORCA AVE**

**B**

**CORAL GABLES FL 33134**

**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1825876**

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

**SCHOLZ-RUBIN, SUSAN D.**

**111 MAJORCA AVE**

**STE B**

**CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD**  
**SCHOLZ-RUBIN, SUSAN**  
**651 CURTISWOOD DRIVE**  
**KEY BISCAYNE FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**VD**  
**RUBIN, MELVIN**  
**111 MAJORCA AVE STE B**  
**CORAL GABLES FL**

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

**SD**  
**SANTANA, MARITA**  
**16815 NW 74 AVE**  
**MIAMI FL 33015**

☐ Delete

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CITY-ST-ZIP

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☐ 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:

**SIGNATURE REQUIRED**

**1-6-03 (305) 448-8325**

CR2E037 (10/02)