FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aug 21, 2001 8:00 am Secretary of State DOCUMENT # 748544 08-21-2001 90005 042 ****61.25 30 WOMEN FOR CHARITY, INC. Principal Place of Business Mailing Address 4896 NW 67 AVE 4896 NW 67 AVE FT LAUDERDALE FL 33319 FT LAUDERDALE FL 33319 3. Mailing Address 2. Principal Place of Business 5558 Pine Ci 558 Pine Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2101217 oral Spr Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA IS A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROSENTHAL, WENDY 5558 PINE CIRCLE CORAL SPRINGS FL 33067 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (5/01) TITLE ☐ Delete TITLE ☐ Addition ROSENTHAL, WENDY NAME NAME STREET ADDRESS CR2E037 5558 PINE CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL 33067 Addition VD Delete ▲ Change TITI F TITLE Carol Mink PATTI COVERT NAME NAME 5900 NW 44th St # b/2 STREET ADDRESS 9620 NW 43RD ST STREET ADDRESS SUNRISE FL == CITY-ST-ZIP Lauderhill F13 Delete. TITLE ADINA Sharfstein LORI POPKIN NAME 831 Monticello Ave 1953 S LANDING WAY STREET ADDRESS STREET ADDRESS Davie Florina CITY-ST-ZIP FT LAUDERDALE FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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