

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751154

1. Entity Name

WOMEN'S ADVOCACY: THE MAJORITY/MINORITY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 29 AM 8:06

B0102113

Principal Place of Business
150 NW 70 Ave
Suite #4
Plantation, FL 33317

Mailing Address
150 NW 70 Ave
Suite #4
Plantation, FL 33317

2. Principal Place of Business
18819 N.W. 24 Ct.
Suite, Apt. #, etc.

3. Mailing Address
18819 N.W. 24 Ct.
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip
33029
Country
Broward

City & State
Pembroke Pines, FL
Zip
33029
Country
Broward

4. FEI Number
59-2471651

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCILLE ARNOLD
11043 S.W. 15 Manor
Davie, FL 33324

7. Name and Address of New Registered Agent

Name: Manuela Cortese
Street Address (P.O. Box Number is Not Acceptable)
18819 N.W. 24 Ct.
City: Pembroke Pines FL Zip Code: 33029

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: Manuela Cortese - Manuela Cortese - Treasurer 4-12-00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELIZABETH BURR 150 NW 70 AVE. Suite #4 Plantation, FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LISA ARONSON 11251 SW 9 Ct. Pembroke Pines, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCILLE ARNOLD 11043 SW 15 Manor Davie, FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robin Jackson 2112 Coral Shores Dr. Ft. Lauderdale, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LISA ARONSON 11251 SW 9 Ct. Pembroke Pines, FL 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Manuela Cortese 18819 N.W. 24 Ct. Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE ELBE BURKE 1746 Miami Gardens Dr #208 Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Manuela Cortese - Manuela Cortese 4-12-00 (954) 430-7250
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)

20F2

April 19, 2000

Honorable Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Secretary Harris:

I am writing on behalf of Women's Advocacy: The Majority/Minority, Inc., which has been registered with the Florida Division of Corporations as a non-profit organization for many years.

Earlier this month in a routine phone call to your office, we were informed that your records indicated an "administrative dissolution for annual report" and that our organization was considered "inactive." The explanation was that our 1999 Annual Report had not been signed. If follow-up correspondence was sent by your office, as stated, the material was never received by our Past President, Elizabeth Burr, nor our Past Treasurer and Registered Agent, Lucille Arnold.

Our organization's check in the amount of \$ 61.25 accompanied the 1999 annual report and was mailed to the Division of Corporations by the reporting deadline. This check was cashed by your office on May 6, 1999, and we presumed the canceled check was our filing acknowledgment since no other correspondence was received. A copy of the canceled check is enclosed as proof. Your Division's request for a reinstatement fee is unnecessary and would be a tremendous financial hardship to our organization.

We respectfully request a correction to your records to indicate the active status of our organization. A check in the amount of \$70.00 is now enclosed with submission of our 2000 Uniform Business Report (annual report). This amount includes the \$ 8.75 fee to receive a certificate of status. Thank you for your understanding and attention to this matter. If you have any questions, please contact me at (954) 430-7250.

Sincerely,



Manuela Cortese
Treasurer

cc: Robin Jackson, President
Senator Howard Forman
Rep. Debbie Wasserman-Schultz