

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751154

1. Entity Name

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

Principal Place of Business

18819 N.W. 24 CT.
PEMBROKE PINES FL 33029
US

Mailing Address

18819 N.W. 24 CT.
PEMBROKE PINES FL 33029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

CORTESE, MANUELA
18819 N.W. 24 CT.
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

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 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 PD ☒ Delete
NAME JACKSON, ROBIN
STREET ADDRESS 2112 CORAL SHORES DR
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE DV ☐ Delete
NAME ARONSON, LISA
STREET ADDRESS 11251 SW 9 CT
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE TD ☐ Delete
NAME CORTESE, MANUELA
STREET ADDRESS 18819 N.W. 24 CT.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE S ☐ Delete
NAME BURKE, ELBE
STREET ADDRESS 1746 MIAMI GARDENS DR. #208
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME Joan Klein
STREET ADDRESS 711 SW 89 Ave.
CITY-ST-ZIP Plantation, FL 33324

TITLE PD ☒ Change ☐ Addition
NAME ARONSON, LISA
STREET ADDRESS 11251 SW 9 CT
CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuela Cortese Manuela Cortese 2/28/01 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Treasurer) Date Daytime Phone # 430-7250

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90365 035 *****70.00

816716



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)