

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90199 010 ****70.00

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☒ Change ☐ Addition
NAME **ARONSON, LISA**
STREET ADDRESS **5163 N.W. 74 CT.**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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

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

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

TITLE **SD** ☐ Change ☒ Addition
NAME **RALSTON, Ann**
STREET ADDRESS **326 S. 14 Avenue**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **VD** ☐ Delete
NAME **KLEIN, JOAN**
STREET ADDRESS **711 SW 89 AVENUE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PD** ☒ Change ☐ Addition
NAME **KLEIN, JOAN E.**
STREET ADDRESS **711 SW 89 AVENUE**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD-Membership** ☐ Change ☒ Addition
NAME **MILMAN, HELENE**
STREET ADDRESS **10001 Winding Lake Rd. #104**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD-Programs** ☐ Change ☒ Addition
NAME **GLICKMAN, JOAN**
STREET ADDRESS **6411 Holatee Trail**
CITY-ST-ZIP **Southwest Ranches, FL 33330**

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** *1/10/02 (954) 430-7250*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)