

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90209 014 \*\*\*\*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



☒ CHECK HERE IF MAKING CHANGES

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. 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

TITLE **PD** ☐ 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 NW 24 CT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **SD** ☒ Delete  
NAME **RALSTON, ANN**  
STREET ADDRESS **326 S. 14 AVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE **VD** ☒ Delete  
NAME **MILMAN, HELENE**  
STREET ADDRESS **10001 WINDING LAKE RD #104**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **VD** ☐ Delete  
NAME **GLICKMAN, JOAN**  
STREET ADDRESS **6411 HOLATREE TRL**  
CITY-ST-ZIP **SOUTHWEST RANCHES FL 33330**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **BURKE, ELBE**  
STREET ADDRESS **1746 Miami Gardens Dr. #208**  
CITY-ST-ZIP **Miami, FL 33179**

TITLE **VD** ☐ Change ☒ Addition  
NAME **ROSEN, BERNICE**  
STREET ADDRESS **2061 NE 183 St.**  
CITY-ST-ZIP **N. Miami Beach, FL 33179**

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** 3/21/03 954-430-7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)