

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90170 025 \*\*\*\*61.25

**DOCUMENT # 770675**

1. Entity Name

**GREATER MIAMI, FLORIDA, CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.**

Principal Place of Business

Mailing Address

7270 NW 12TH STREET, SUITE #205  
 6  
 MIAMI FL 33126  
 US

1825 PONCE DE LEON BLVD. SUITE #299  
 CORAL GABLES FL 33134  
 US

2. Principal Place of Business

1825 Ponce de Leon Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

299

City & State

City & State

Coral Gables FL

Zip

Country

Zip

Country

33144

USA

4. FEI Number

59-2030736

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

ARIAS, MARIAZELL H  
 7270 NW 12TH STREET, SUITE #205  
 MIAMI FL 33126

Name

Delanea Ouellette

Street Address (P.O. Box Number is Not Acceptable)

8001 Grand Canal Drive

City

Miami

FL

Zip Code

33144

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

Delanea L Ouellette

Delanea L Ouellette, Mgr.

DATE

4-11-02

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRISTOL, ELLEN 2121 N. BAYSHORE DR., #12 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL-RIGGINS, BRENDA 3800 N.W. 22ND AVE. MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARIAS, MARIAZELL 7270 NW 12TH STREET, SUITE #205 MIAMI FL 33126	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4/11/02

355766236

CR2E037 (9/01)