

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 770675

FILED  
Apr 30, 2003  
Secretary of State

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

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD, SUITE #299  
CORAL GABLES, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

1825 PONCE DE LEON BLVD, SUITE #299  
CORAL GABLES, FL 33144 US

**New Mailing Address:**

FEI Number: 59-2030736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OUELLETTE, DELANEA  
8001 GRAND CANAL DR  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRISTOL, ELLEN  
Address: 2121 N. BAYSHORE DR., #12  
City-St-Zip: MIAMI, FL 33137

Title: VD ( ) Delete  
Name: HILL-RIGGINS, BRENDA  
Address: 3800 N.W. 22ND AVE.  
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete  
Name: ARIAS, MARIAZELL  
Address: 7270 NW 12TH STREET, SUITE #205  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELANEA L. OUELLETTE

RA

04/30/2003

Electronic Signature of Signing Officer or Director

Date