

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90128 004 ***150.00

DOCUMENT # F99000001821



1. Entity Name
THE WALL STREET WOMEN'S CLUB, INC.

Principal Place of Business
ATTN: KIMBERLY STRAUSS
P.O. BOX 2590
PALM BEACH FL 33480

Mailing Address
ATTN: KIMBERLY STRAUSS
P.O. BOX 2590
PALM BEACH FL 33480

2. Principal Place of Business

19536 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

3. Mailing Address

19536 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

Country

33180 U.S.A.

Zip

Country

33180 U.S.A.

4. FEI Number **58-2447863**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, KIMBERLY

529 S. FLAGLER DRIVE

TRUMP PLAZA APT. 15-C

WEST PALM BEACH FL 33401

19536 E. COUNTRY CLUB DR.

AVENTURA, FL 33180

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 **KIMBERLY STRAUSS, CEO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ Delete
NAME **STRAUSS, KIMBERLY**
STREET ADDRESS **525 S. FLAGLER DRIVE, TRUMP PLAZA 27-B**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **STRAUSS, KIMBERLY** ☐ Delete
NAME **STRAUSS, KIMBERLY**
STREET ADDRESS **19536 E. COUNTRY CLUB DR.**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **STRAUSS, KIMBERLY**
STREET ADDRESS **19536 E. COUNTRY CLUB DR.**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
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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 607, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY STRAUSS 3/20/03 305-692-4295
Date Daytime Phone #

CR2E034 (10/02)