

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005744

1. Entity Name
BTC WOMEN'S CLUB, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 12 AM 11:03

Principal Place of Business
200 SOUTH BISCAYNE BLVD., STE 3300
MIAMI FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD., STE 3300
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0946249

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORA, MINDY A
200 SOUTH BISCAYNE BLVD
33RD FL
MIAMI FL 33131

Name

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

25th Floor

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

2/7/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORA, MINDY A
200 S. BISCAYNE BLVD, 33RD FL 25th Floor
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003851594--2
-03/13/01--01025 Change 018 Addition
*****50.00 *****50.00

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GELMAN, LYNN
1450 MADRUGA AVENUE, #302
CORAL GABLES FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RYAN, JEAN D
9130 SO. DADELAND BLVD., #1225
MIAMI FL 33156

☐ Delete

TITLE
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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED MINDY A MORA

3/7/01 305 350 2414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CB2E083 (11/00)