

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001230

1. Entity Name

WOMEN ARE WONDERFUL FOUNDATION, INC.

Principal Place of Business

Mailing Address

DR. ANN MOLIVER RUBEN
1899 SIRIUS LANE
WESTON FL 33327

DR. ANN MOLIVER RUBEN
1899 SIRIUS LANE
WESTON FL 33327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1000780

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

RUBEN, ANN M
6948 CROWN GATE DRIVE
MIAMI LAKES FL 33014

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.

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

\$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 PD ☐ Delete
NAME RUBEN, ANN
STREET ADDRESS 1899 SIRIUS LANE
CITY-ST-ZIP WESTON FL 33327-2215

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHMIDT, FRAN
STREET ADDRESS PEACE FOUNDATION, 220 PALM AVE
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KOSS, PHYLLIS MSW
STREET ADDRESS 9481 NW 47TH TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUBEN, MARCY/RICHARD
STREET ADDRESS 11737 SW 107TH TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUBEN, ANN/ DAVID
STREET ADDRESS 1647 ISLAND WAY
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HUNTER, RITA
STREET ADDRESS 1351 SEAGRAPE CIRCLE
CITY-ST-ZIP WESTON FL 33326-2726

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90070 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)