

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90020 011 ****61.25

DOCUMENT # N00000001230

1. Entity Name

WOMEN ARE WONDERFUL FOUNDATION, INC.



Principal Place of Business

**DR. ANN MOLIVER RUBEN
1899 SIRIUS LANE
WESTON FL 33327**

Mailing Address

**DR. ANN MOLIVER RUBEN
1899 SIRIUS LANE
WESTON FL 33327**

2. Principal Place of Business

1899 Sirius Lane

3. Mailing Address

1899 Sirius Lane

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Weston, FL

City & State

Weston, FL

Zip

33327

Country

USA

Zip

33327

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

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

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

Dr. Ann M. Ruben

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUBEN, ANN	
STREET ADDRESS	1899 SIRIUS LANE	
CITY-ST-ZIP	WESTON FL 33327-2215	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, FRAN	
STREET ADDRESS	PEACE FOUNDATION, 220 PALM AVE	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSS, PHYLLIS MSW	
STREET ADDRESS	9481 NW 47TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBEN, MARCY/RICHARD	
STREET ADDRESS	11737 SW 107TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBEN, ANN/ DAVID	
STREET ADDRESS	1647 ISLAND WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Dr. Ann M. Ruben

1/4/03 954-217-5150

CR2E037 (10/02)