

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/12

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90006 013 \*\*\*\*61.25

**DOCUMENT # N00000002212**

1. Entity Name

**WISE WOMEN INSTITUTE, INC.**

Principal Place of Business

**3 ISLAND AVENUE, #9F  
 MIAMI BEACH FL 33130**

Mailing Address

**3 ISLAND AVENUE, #9F  
 MIAMI BEACH FL 33130**

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

*Applied For*

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

Name

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

City

**FL**

Zip Code

**ALTMAN, KARYN M  
 3 ISLAND AVENUE, #9F  
 MIAMI BEACH FL 33130**

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**

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	Trustee	<input type="checkbox"/> Delete
NAME	Janet Galipo	
STREET ADDRESS	510 W. 30th St	
CITY-ST-ZIP	Miami Beach, FL 33146	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Linda Adler	
STREET ADDRESS	5101 Collins Ave	
CITY-ST-ZIP	Miami Beach FL 33146	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Amy Carter-Welsh	
STREET ADDRESS	201 Hunting Lodge Dr.	
CITY-ST-ZIP	Miami Springs FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karyn M Altman	
STREET ADDRESS	3 Island Avenue, #9F	
CITY-ST-ZIP	Miami Beach, FL 33130	
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 registered agent 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 #

*[Signature]*  
**REQUIRES.**

*2/5/2001* *3056727757*

CR2E037 (10/00)