

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-16-2000 90052 027 ****61.25

DOCUMENT # N00169

1. Entity Name

BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN
BUSINESS OWNERS

Principal Place of Business

Mailing Address

2601 E OAKLAND PARK BLVD
#502
OAKLAND PARK FL 33306
US

2601 E OAKLAND PARK BLVD
#502
OAKLAND PARK FL 33306-1617
US

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 **74**
59-2756 NOT APPLICABLE

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

WEINER, LAURA R., CPA
2601 E OAKLAND PARK BLVD
SUITE 502
FORT LAUDERDALE FL 33306

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

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	VILK-SHAPIRO, DORA	
STREET ADDRESS	815 S UNIVERSITY DR #102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PANTANELLA, THERESA	
STREET ADDRESS	1371 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEVENTHAL, SUSAN	
STREET ADDRESS	242 WILDWOOD LN EAST	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MENDEL, JILL E	
STREET ADDRESS	27 E PROSPECT RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vilk-Shapiro, Dora	
STREET ADDRESS	1700 University Dr. Suite 202	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyliss Beaudet	
STREET ADDRESS	56 N. Federal Hwy	
CITY-ST-ZIP	Dania, FL 33004	
TITLE	Secretary SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathi Mosier	
STREET ADDRESS	3111 University Dr. Suite 405	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	Treasurer TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Berzok	
STREET ADDRESS	3111 University Dr. Ste 725	
CITY-ST-ZIP	Coral Springs, FL 33065	
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:

Karen Berzok
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Berzok 2/7/2000 954-340-7255

Date

Daytime Phone #

CR2E037 (9/99)