

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00169

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

**Entity Name:** BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2756174      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BEAUDET, PHYLYSS  
Address: 56 N FEDERAL HWY  
City-St-Zip: DANIA BEACH, FL 33004

Title: VPD ( ) Delete  
Name: MOSIER, KATHI  
Address: 3111 UNIVERITY DR STE 405  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD ( ) Delete  
Name: TURNER, PATRICIA  
Address: 1940 HARRISON ST # 200A  
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete  
Name: ERRAIR, MICHELE  
Address: 355 W OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MOSIER, KATHI  
Address: 3111 UNIVERITY DR STE 405  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPD (X) Change ( ) Addition  
Name: MENDEL, LIZ  
Address: 27 E. PROSPECT ROAD  
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: TD (X) Change ( ) Addition  
Name: TURNER, PATRICIA  
Address: PO BOX 220004  
City-St-Zip: HOLLYWOOD, FL 33022

Title: SD (X) Change ( ) Addition  
Name: WOLF, MYRNA  
Address: 20533 BISCAYNE BOULEVARD, SUITE 4-125  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A TURNER

TREA

04/25/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date