

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90045 047 ****61.25

22004793



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N00169

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2756174**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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 | MOSIER, KATHI | |
| STREET ADDRESS | 3111 UNIVERSITY DR STE 405 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | MENDEL, LIZ | |
| STREET ADDRESS | 27 E. PROSPECT ROAD | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33334 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | TURNER, PATRICIA | |
| STREET ADDRESS | PO BOX 220004 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33022 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WOLF, MYRNA | |
| STREET ADDRESS | 20533 BISCAYNE BOULEVARD, SUITE 4-125 | |
| CITY-ST-ZIP | AVENTURA FL 33180 | |
| 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 | LIZ MENDEL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 27 E PROSPECT ROAD | |
| STREET ADDRESS | FT LAUDERDALE FL 33334 | |
| CITY-ST-ZIP | | |
| TITLE | SANDE KASKEL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3010 Oaktree Lane | |
| STREET ADDRESS | Hollywood, FL 33021 | |
| CITY-ST-ZIP | | |
| TITLE | Michele Errair | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 7475 W. Sample Rd. | |
| STREET ADDRESS | Coral Springs, FL 33065 | |
| CITY-ST-ZIP | | |
| TITLE | NANCI CANDY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 801 NE 167th St. 2nd Floor | |
| STREET ADDRESS | N. Miami Beach, FL 33162 | |
| 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: Michelle R. Errair Michelle R. Errair 2/4/03 954-510-9900

CR2E037 (10/02)