

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90016 015 ****61.25

DOCUMENT # N01000000192

1. Entity Name

WOMEN'S HEALTHCARE EXECUTIVE NETWORK OF MIAMI-DADE COUNTY, INC.

Principal Place of Business

Mailing Address

~~1401 BRICKELL AVE., #700~~ **9400 S. Dadeland Blvd.**
~~MIAMI FL 33131~~ **MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

9400 S. Dadeland Blvd.
 Suite, Apt. #, etc. **#315**
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL 33156** City & State **MIAMI FL 33156** 4. FEI Number **651119141** Applied For ☐ Not Applicable ☐

Zip **33156** Country **USA** Zip **33156** Country **USA** 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

CALLOWAY, SIDNEY C ESQ
FIRST UNION CENTER, #2000
200 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP SILVER, LEDA 9400 S. DADELAND BLVD. STE. 315 MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, NOREEL 7000 SW 62ND AVE., STE. PH-A MIAMI FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, KATE 2111 TIGER TAIL AVE. COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNWELL, SHARON E 12709 NW 15TH ST. CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIMS, LINDA 7440 SW 96TH CT. MIAMI FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONZALEZ, LOURDES 6451 SW 35TH ST. MIAMI FL 33136	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Islara Souto 1150 NW 14 ST., #207 MIAMI, FL 33136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Leda Silver 9400 S. Dadeland Blvd, #315 MIAMI FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Ponce, Treasurer 9400 S. Dadeland, #315 MIAMI FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Claudia Faulkner Secretary 14760 Glencairn Rd MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frances Fentzke Recording Secretary 9400 S. Dadeland Blvd, #315 MIAMI FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ SIGNATURE: _____ ISLARA B. SOUTO 4-20-2002 305-243-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)