

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90033 019 ****61.25

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1. Entity Name

Women's Healthcare Executive Network of Broward County, Inc.

DO NOT WRITE IN THIS SPACE

80058582

2. Principal Place of Business

W.H.E.N.

Suite, Apt. #, etc.

PO Box 81-3479

City & State

Hollywood, FL

Zip

33081-3479 Broward

3. Mailing Address

C/O Silverman

Suite, Apt. #, etc.

509 NW 28th Street

City & State

Wilton Manors, FL

Zip

33311

Country

Broward

4. FEI Number

65-1119137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Rita Silverman

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

509 NW 28th ST

City

Wilton Manors

FL

Zip Code

33311

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

2/6/02

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	President PD Rita Silverman 509 NW 28th ST, Wilton Manors, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President VD Alexandra Johnson 6875 NW 4th ST Margate, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer TD Ann Johnson 9491 Evergreen Place # 102 Davie, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary SD Wilma Torres 6278 N Federal Hwy Fort Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary RD Irma Rey 2501 Hollywood Blvd, Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President D Shari Augustower 2501 Hollywood Blvd Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

2/6/2002

CR2E0378 (12/01)