

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90067 010 \*\*\*\*70.00

DOCUMENT # **N01000001852**

1. Entity Name

**PHENOMENAL WOMAN, INC.**

Principal Place of Business

**10161 SW 18TH STREET  
 PEMBROKE PINES FL 33025**

Mailing Address

**10161 SW 18TH STREET  
 PEMBROKE PINES FL 33025**

2. Principal Place of Business

**6777 N.W. 7th AVE**

Suite, Apt. #, etc.

**1**

City & State

**Miami FL**

Zip

**33150**

Country

**Dade**

3. Mailing Address

**6777 N.W. 7th AVE**

Suite, Apt. #, etc.

**1**

City & State

**Miami FL**

Zip

**33150**

Country

**Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1076313**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PENHA, FRANCOISE**

**88 NW 85TH STREET**

**MIAMI FL 33147**

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.

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBINSON, ANDREA</b>	
STREET ADDRESS	<b>10161 SW 18TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HOBBS, SHARON</b>	
STREET ADDRESS	<b>10161 SW 18TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PENHA, FRANCOISE</b>	
STREET ADDRESS	<b>P.O. BOX 530424 6777 N.W. 7th AVE</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33150 Miami, FL 33150</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>REDMON, CURTIS</b>	
STREET ADDRESS	<b>10161 SW 18TH STREET 6777 N.W. 7th AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025 Miami, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EWINGS, REBECCA</b>	
STREET ADDRESS	<b>12041 E GOLF DRIVE 6777 N.W. 7th AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33107 Miami, FL 33150</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>HOBBS, SHARON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6777 N.W. 7th AVE</b>	
STREET ADDRESS	<b>MIAMI, FL 33150</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>	
TITLE	<b>MICHELLE SPENCER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>6777 N.W. 7th AVE</b>	
STREET ADDRESS	<b>MIAMI, FL 33150</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6777 N.W. 7th AVE</b>	
STREET ADDRESS	<b>MIAMI, FL 33150</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6777 N.W. 7th AVE</b>	
STREET ADDRESS	<b>MIAMI, FL 33150</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>	
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:

**SHARON HOBBS, President**

**1-19-02 305 759-3058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

#NO 1000001852

**SHOULD READ AS FOLLOWS:**

**OFFICERS AND DIRECTORS**

HOBBS, SHARON  
6777 N.W. 7<sup>TH</sup> AVE  
Miami, FL 33150

PRESIDENT

Michele Spencer  
6777 N.W. 7<sup>th</sup> Ave  
Miami, FL 33150

Vice Director

Penha, Francoise  
6777 N.W. 7<sup>th</sup> Ave  
Miami, FL 33150

Secretary

Ewings, Rebecca  
6777 N.W. 7<sup>th</sup> Ave  
Miami, FL 33150

Treasure

Redmon, Curtis  
6777 N.W. 7<sup>th</sup> Ave  
Miami, FL 33150

Director

340441