

**NON-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91561 020 ****61.25

DOCUMENT # **101000008403** ✓

1. Entity Name

WOMEN OF INDIAN ORIGIN, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16414 SW 1 STREET
Suite, Apt. #, etc.

3. Mailing Address

16414 SW 1 STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Pembroke Pines FL** City & State **Pembroke Pines, FL**
Zip **33027** Country **BROWARD** Zip **33027** Country **BROWARD**

4. FEI Number

65-1158732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARISA A. RAMSAROO P

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

16414 SW 1 STREET

City

Pembroke Pines

FL

Zip Code

33027

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

M Ramsaroo P (President)

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/02

DATE

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 **PRESIDENT**
NAME **MARISA A. RAMSAROO P**
STREET ADDRESS **16414 SW 1 STREET**
CITY - ST - ZIP **Pembroke Pines, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VICE President**
NAME **DONNA RAMSAMU JH**
STREET ADDRESS **11944 SW 99 AVE**
CITY - ST - ZIP **MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **GENERAL SECRETARY**
NAME **ELAINE RAMPERSAUD**
STREET ADDRESS **14550 SW 110 STREET**
CITY - ST - ZIP **MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **TREASURER**
NAME **VINDRA RAM JIT**
STREET ADDRESS **15955 SW 153 AVE**
CITY - ST - ZIP **MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **RECORDING SECRETARY**
NAME **SABRINA SINGH**
STREET ADDRESS **11054 Quail Road Drive**
CITY - ST - ZIP **MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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)(f), 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:

M Ramsaroo P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
Date

954 4386045
Daytime Phone #

CR2E037B (12/01)