

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90177 030 \*\*\*\*75.00

**DOCUMENT # N02000004368**

1. Entity Name  
**REPUBLICAN WOMEN POLITICAL ACTION, INC.**



Principal Place of Business

**11631 NW 7TH AVENUE  
SUITE B  
MIAMI FL 33168**

Mailing Address

**11631 NW 7TH AVENUE  
SUITE B  
MIAMI FL 33168**

2. Principal Place of Business

**Same AS ABOVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**30-0084695**

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANTOINE, YOLETTE REV.**

**1305 NW 203 STREET**

**MIAMI FL 33169**

**3537 SW 175 AVE  
MIRAMAR, FL 33029**

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]* **Yvette Antoine, PD**

**04/23/03**

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.

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**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ANTOINE, YOLETTE REV.</b>	
STREET ADDRESS	<b>1305 NW 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARBARA WHITE DE LACRUZ</b>	
STREET ADDRESS	<b>17050 NW 19 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33053</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MENDEZ, KATHIE</b>	
STREET ADDRESS	<b>3537 SW 175 AVENUE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAHANEY, R A</b>	
STREET ADDRESS	<b>1635 WINDY PINES DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOUISE LEGER</b>	
STREET ADDRESS	<b>901 NW 63 ST</b>	
CITY-ST-ZIP	<b>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	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LISNA CHAPIESKY</b>	
STREET ADDRESS	<b>12555 NW 1 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33168</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUSLEINE MORISMA</b>	
STREET ADDRESS	<b>919 MARBLE HEAD DR.</b>	
CITY-ST-ZIP	<b>NAPLES, FLORIDA 34104</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MYRTIL, KATHIE</b>	
STREET ADDRESS	<b>11010 S.W. 153 STR.</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33157</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEANNETTE ANTOINE</b>	
STREET ADDRESS	<b>12555 NW 1 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33168</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAINTA CHARLES</b>	
STREET ADDRESS	<b>1155 NW 125 STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33168</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIE JEAN-JACQUES</b>	
STREET ADDRESS	<b>60 NE 121 ST</b>	
CITY-ST-ZIP	<b>N. MIAMI, FL 3316</b>	

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]* **Yvette Antoine** **04/23/03** **(305) 685-9662**

CR2E037 (10/02)