...T-FOR-PROFIT CORPORATION ...IFORM BUSINESS REPORT (UBR)

PENDING
09-16-2002 90105 012 ****70.00
FILED N15378

02 OCT -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

980888

DOCUMENT # N15378

1. Entity Name
Women's History Coalition of Miami-Dade, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12301 SW 62 Avenue	P.O. Box 565307
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33156 Country	Zip: 33256 Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Susan L. Randall

Street Address (P.O. Box Number is Not Acceptable): 12301 SW 62 Avenue

City: Miami FL Zip Code: 33156

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: Susan L. Randall, president — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: Sept. 10, 2002

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/Director
NAME	Susan L. Randall
STREET ADDRESS	12301 S.W. 62 Ave.
CITY-ST-ZIP	Miami, Florida 33156
TITLE	Vice-president/Director
NAME	Marjorie Pearlson
STREET ADDRESS	6400 SW 129 Terrace
CITY-ST-ZIP	Miami, Florida 33156
TITLE	Secretary/Director
NAME	Elizabeth H. Rayror
STREET ADDRESS	4116 Douglas Road.
CITY-ST-ZIP	Coconut Grove, Florida 33133
TITLE	treasurer
NAME	Shirley Merlin West Ph. D.
STREET ADDRESS	7661 SW 53rd Place
CITY-ST-ZIP	Miami, Florida 33143
TITLE	Immediate Past President
NAME	Maud P. Newbold
STREET ADDRESS	1070 NW 39th Street
CITY-ST-ZIP	Miami, Florida 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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: Susan L. Randall, president — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Sept. 10 2002

Daytime Phone #: 305-666-8843