

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17808

1. Entity Name

MOTHERS, SISTERS, WIVES AND DAUGHTERS OF BAY OF

Principal Place of Business

2470 N.W. 14 ST.  
MIAMI FL 33125-2106

Mailing Address

2470 N.W. 14 ST.  
MIAMI FL 33125-2106

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2779372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MAGALI-E.  
2470 N.W. 14 ST.  
MIAMI FL 33125-2106

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	VPD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MAGALI E.	
STREET ADDRESS	2470 N.W. 14 ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUZ, ESTERVINA	
STREET ADDRESS	3526 S.W. 11 ST.	
CITY-ST-ZIP	MIAMI FL 33148	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYES DE DIAZ, DELIA	
STREET ADDRESS	5550 W FLAGLER ST., AP. 101	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOSCH, DULCE A.	
STREET ADDRESS	2470 N.W. 14 ST.	
CITY-ST-ZIP	MIAMI FL 33125-2106	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MIRTA	
STREET ADDRESS	2470 N.W. 14 ST.	
CITY-ST-ZIP	MIAMI FL 33125-2106	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARTA	
STREET ADDRESS	2014 SW 17 TERR	
CITY-ST-ZIP	MIAMI FL 33145	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-TREASURER-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-SECRETARY-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER-D	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428/00

Date

305 635 6655

Daytime Phone #

FILED  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90977 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)