

# 2002 UNIFORM BUSINESS REPORT (UBR)

DEPARTMENT OF STATE  
FOR REVENUE

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90130 022 \*\*\*\*61.25

**DOCUMENT # N20167**

1. Entity Name

**WOMEN OF SPANISH ORIGIN, INC.**

Principal Place of Business

Mailing Address

P O BOX 8208  
CORAL SPRINGS FL 33075

P O BOX 8208  
CORAL SPRINGS FL 33075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0066878**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, LUCIA**  
**11026 NW 2ND ST**  
**CORAL SPGS FL 33071**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUCIA, ALVAREZ</b> <b>11026 NW 2ND ST</b> <b>CORAL SPGS FL 33071</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VERA, LOURDES</b> <b>13072 NW 11 CT</b> <b>SUNRISE FL 33323</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOSTOPOULOS, SOFIA</b> <b>8549 NW 57 DRIVE</b> <b>CORAL SPRINGS FL 33067</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RAMIREZ, ROCIO</b> <b>2081 N ROCK ISLAND # 101</b> <b>CORAL SPRINGS FL 33063</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUIZ, LILIANA</b> <b>11046 NW 5 COURT</b> <b>CORAL SPRINGS FL 33071</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VARGAS, LALY</b> <b>5071 PERIGNON WAY</b> <b>CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Monica Zur</b> <b>14877 SW 45 CT</b> <b>Misamar, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Gladys Castro</b> <b>11008 NW 15 ST</b> <b>Coral Springs, FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Beatriz Wood-Garza</b> <b>3485 Pinewalk Dr.</b> <b>Margate, FL 33063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Marlene Brana</b> <b>5609 NW 61 AVE</b> <b>Coral Springs, FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Beatriz Wood-Garza* 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)