

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90822 019 \*\*\*\*61.25

**DOCUMENT # N26481**

**1. Entity Name**  
**WOMEN FOR HUMAN RIGHTS INTERNATIONAL, INC.**



**Principal Place of Business**

~~7350 SW 72 AVENUE~~  
~~MIAMI FL 33143~~  
~~US~~

**Mailing Address**

~~7350 SW 72 AVE~~  
~~MIAMI FL 33143~~  
~~US~~

**2. Principal Place of Business**

**8701 SW 87 Ct.**

Suite, Apt. #, etc.

**3. Mailing Address**

**8701 S.W. 87 COURT**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**Miami, FL**

**City & State**  
**Miami, FL**

**4. FEI Number 65-0056156**

**Applied For**

**Not Applicable**

**Zip**  
**33173**

**Country**  
**US**

**Zip**  
**33173**

**Country**  
**US**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PRADO, MARIM**  
**7350 SW 72 AVE**  
**MIAMI FL 33143**

**7. Name and Address of New Registered Agent**

**Name**  
**same**

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

**8701 SW 87 Ct.**

**City**  
**Miami, FL**

**FL**

**Zip Code**  
**33173**

**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**

*Marivic Prado*

**4/27/03**

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. ☐

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

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PRADO, MARIM</b>	
<b>STREET ADDRESS</b>	<b>7350 SW 72ND AVE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LIWAY, ALICIA</b>	
<b>STREET ADDRESS</b>	<b>TERRAZAS DEL CLUB HIPICO</b>	
<b>CITY-ST-ZIP</b>	<b>CARACAS, VENEZUELA</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RODRIGUEZ, MARIA ANTONIA</b>	
<b>STREET ADDRESS</b>	<b>2760 S.W. 92 PLACE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33165</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>same for Marivic Prado</b>	
<b>STREET ADDRESS</b>	<b>8701 SW 87 Ct.</b>	
<b>CITY-ST-ZIP</b>	<b>Miami, FL 33173</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</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:**

*Marivic Prado*

**4/27/03 (305)205-2656**

CR2E037 (10/02)