

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

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

05-01-2003 90398 030 ****61.25

DOCUMENT # N30226

1. Entity Name

FIRST CHOICE WOMEN'S CENTERS, INC.



Principal Place of Business

**257 NORTH KROME AVE
HOMESTEAD FL 33030
US**

Mailing Address

**257 K. KROME AVENUE
HOMESTEAD FL 33030
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0098388**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALE, ALEXIS
19321 STERLING DR
MIAMI FL 33157**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~COB~~ ☐ Delete
NAME **ZIMMERMAN, JACK**
STREET ADDRESS **7050 SW 67 AVENUE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ~~COB~~ Sect ☐ Change ☒ Addition
NAME **Gordon Libby**
STREET ADDRESS **13421 SW 183 Terr**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **VCOB** ☒ Delete
NAME **MCANULTY, KEVIN**
STREET ADDRESS **27500 OLD DIXIE HWY**
CITY-ST-ZIP **NARANJA FL 33032**

TITLE **ACOB** ☐ Change ☒ Addition
NAME **Amarda Niguidub**
STREET ADDRESS **8930 SW 66th CT Apt. H3**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **S** ☒ Delete
NAME **PETERSON, WADE**
STREET ADDRESS **234 N. KROME AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **Zimmerman, Jack** ☒ Change ☐ Addition
NAME **VCOB**
STREET ADDRESS **Title - D**
CITY-ST-ZIP

TITLE **SIMPSON, SHIRLEE** ☐ Delete
NAME **9815 MARLIN ROAD**
STREET ADDRESS **MIAMI FL 33157**
CITY-ST-ZIP

TITLE **Simpson, Shirlee** ☒ Change ☐ Addition
NAME **Title - D**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MORALES, BEVERLEY**
STREET ADDRESS **12841 SW 115 TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **Treas.** ☐ Change ☒ Addition
NAME **Joe Webb**
STREET ADDRESS **11962 SW 271st Terr.**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE **D** ☒ Delete
NAME **TODD, RON**
STREET ADDRESS **10922 SW 135 PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **Jim Schmidt** ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **1 Grove Isle Dr. Suite 1202**
CITY-ST-ZIP **Coconut Grove, FL 33133**

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:

Alexis HALE **Executive Dir.** 1-21-03 305-245-4673

CR2E037 (10/02)