2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

FILED DOCUMENT # **N31371** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name CHINESE WOMEN'S CLUB OF GREATER MIAMI, INC. 04-22-2000 90065 028 ****61.25 Principal Place of Business Mailing Address 13615 S DIXIE HWY 13615 S DIXIE HWY STE #114-388 STE # 114-388 MIAMI FL 33176-7252 MIAM! FL 33176-7254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0186086 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROMKEY, MAY 10330 SW 58 COURT MIAMI FL 33156 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE P/D TITLE የ/ፓ Addition Delete BOURGUIGNON NAME NAME LEE. SUE LILLY S.W. 67TH COURT STREET ADDRESS STREET ADDRESS 21021 NE 24 AVE 10700 CITY-ST-ZIP CITY-ST-ZIP 33156 **MIAMI FL 33180** PINECREST Addition TITLE Delete TITLE DONALDSON, SUSAN MEAD NAME NAME ' PLACE STREET ADDRESS STREET ADDRESS 16411 S W 82ND AVE JW 63 CITY-ST-ZIP CITY-ST-ZIP <u>miami fl. 33157</u> ☐ Change ☐ Addition TITLE n ☐ Delete TITI F NAME NAME yeh. Lydia 13145 OLD CUTLER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Davtime Phone #

Date