

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33023

1. Entity Name

WOMEN'S COMMITTEE, FIGHT AGAINST HUNGER, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90002 038 \*\*\*\*70.00

Principal Place of Business  
280 N.W. 78 TERR.  
PLANTATION FL 33324  
US

Mailing Address  
280 NW 78 TERRACE  
PLANTATION FL 33324  
US

004000



DO NOT WRITE IN THIS SPACE

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  
65-0134598  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HOFFER, CELIA  
280 N.W. 78 TERR.  
PLANTATION FL 33324

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FAY, ALICE	
STREET ADDRESS	3100 N.E. 46TH ST.	
CITY-ST-ZIP	AUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, LUZ	
STREET ADDRESS	5180 S.W. 89 AVE.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLANCA, MARQUEZ	
STREET ADDRESS	8694 NW 40ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAURA, ARBOLO	
STREET ADDRESS	6225 HAWKES BLUFF	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOFFER, CELIA	
STREET ADDRESS	280 NW 78 TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHUECA, TERESA	
STREET ADDRESS	535 B UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA ARBOLU	
STREET ADDRESS	6265 HAWKES BLUFF	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSA SHUBECK	
STREET ADDRESS	4881 SW 101ST AVE	
CITY-ST-ZIP	COOPER CITY - FL 33328	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA MARULANDA	
STREET ADDRESS	2684 RIVIERA COURT	
CITY-ST-ZIP	WESTON - FL 33332	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELA DOLCATER	
STREET ADDRESS	5481 SW 94 AVE	
CITY-ST-ZIP	COOPER CITY - FL - 33328	

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: CELIA HOFFER - TREASURER 1/4/01 (954) 476-6765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0048122

CR2E037 (10/00)