2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34218

1. Entity Name

ASOCIACION DE DAMAS PUERTORRIQUENAS INC.

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90046 026 ****70.00

Principal Place of Business	Mailing Address
PO BOX 770504 CORAL SPRINGS FL 33077	PO BOX 770504 CORAL SPRINGS FL 33077

DO NOT WRITE IN THIS SPACE

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 **65-0148000** — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RASCHE, LINDA 11980 ASHFORD LANE DAVIE FL 33180	Name *Frances Walker* Street Address (P.O. Box Number is Not Acceptable) *2211 N.E. 44th Street* City *Lighthouse Point* FL Zip Code *33064*

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 *Frances Walker*   *April 17, 2002*
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 PD NAME RASCHE, LINDA STREET ADDRESS 11980 ASHFORD LANE CITY-ST-ZIP DAVIE FL 33180		[X] Delete	TITLE D NAME *EdnaBrayfield-Widholzer* STREET ADDRESS *6601 N.W. 52nd Street* CITY-ST-ZIP *CoralSprings, FL. 33067*	[X] Change ☐ Addition	
TITLE VPD NAME BECERRA GARCIA, MARIA STREET ADDRESS 5621 RIVERSIDE DRIVE APT #205 CITY-ST-ZIP CORAL SPRINGS FL 33076		[X] Delete	TITLE NAME *Frances Walker, D* STREET ADDRESS *2211 NE 44 Street* CITY-ST-ZIP *Lighthouse Point, FL 33064*	[X] Change ☐ Addition	
TITLE DT NAME RIVERA, MALLIE STREET ADDRESS PO BOX 16477 CITY-ST-ZIP PLANTATION FL 33318		[X] Delete	TITLE D NAME *Gianna N. Rodriguez, D* STREET ADDRESS *11682 N.W. 13th Manor* CITY-ST-ZIP *Coral Springs, FL. 33071*	[X] Change ☐ Addition	
TITLE DS NAME GARCIA, RHINA STREET ADDRESS 554 STONEMONT DRIVE CITY-ST-ZIP WESTON FL 33326		[X] Delete	TITLE D NAME *Marta Gutiérrez, D* STREET ADDRESS *3621 N.W. 108 Drive* CITY-ST-ZIP *Coral Springs, FL. 33065*	[X] Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D NAME *Aurea Martinez, D* STREET ADDRESS *11804 N.W. 11th Place* CITY-ST-ZIP *Coral Springs, FL. 33071*	☐ Change [X] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Frances Walker* RED   *April 17, 2002*   (954) 785-1617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (9/01)