

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

0079673

DOCUMENT # N34704

1. Entity Name

NATIONAL WOMEN'S POLITICAL CAUCUS OF MIAMI-DADE,
COUNTY, INC.



FILED

03 APR 29 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3301 NE 5TH AVENUE
#1103
MIAMI FL 33137
US

Mailing Address

POST OFFICE BOX 960501
MIAMI FL 33296-0501
US

2. Principal Place of Business

3. Mailing Address

P.O.B. 836033

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33293-6033

4. FEI Number 59-2682157

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

JOFFE, ROXANNE A.
9990 SW 77TH AVENUE
SUITE 325 THE MARCUS CENTRE
MIAMI FL 33156

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 CD
NAME WAYLAND, ALEXANDRA ☐ Delete
STREET ADDRESS 3301 NE 5TH AVENUE
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900017280229
CITY-ST-ZIP 04/29/03--01033--011 **70.00

TITLE D ☒ Delete
NAME LIPOF, IRENE
STREET ADDRESS 2748 NE 209TH TERRACE
CITY-ST-ZIP MIAMI FL 33180

TITLE ☐ Change ☒ Addition
NAME KIT RAFFERTY
STREET ADDRESS 150 SE 25th Rd. Apt 2J
CITY-ST-ZIP Miami, FL 33129

TITLE SD ☐ Delete
NAME BOVA, JOANN
STREET ADDRESS 18552 SW 89TH PLACE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SCHWARTZ, BARBARA C.
STREET ADDRESS 7920 SW 138TH COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ENGLAND, EMILY
STREET ADDRESS 13228 SW 108TH STREET CIRCLE
CITY-ST-ZIP MIAMI FL 33186-3422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Emily H. England* DATE *4/24/03* PHONE # *305-385-4435*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)