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

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		Blackmark Man - Albert 1991 in 19 The Sector Color of the	TALLA	HASSEE, FLORIDA
DO NOT WRITE	E IN THIS S	PACE	<u> </u>	
2. Principal Place of Business	3. Mailing Address			*. *.*
Same as # 3 Suite, Apt. #, etc.	Po Bux 43 Suite, Apt. #, etc.	557	700	שוו כבבל
			2000	A Alls PAC
City & State	City & State Winter Pa	R A	4. FEI Number 59-3077350	Applied For Not Applicable
Zip Country	32793	Country 135 A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Nome	7. Name and Address of Current R	egistered Agent
	/RITE	UIV	ginia M- Arico 548,0, Box Numberis Not Acceptable)	
IN THIS SI	a walijiri ay gabiti . Hijit			
			Solfriew Ave	Zin Code
			nuluota	FL Zip Code 32766
8. The above named entity submits this statement for	or the purpose or changing i	ts registered office or regisl	ered agent, or both, in the state of Floric	7a.
SIGNATURE YMPNIAM.	aries		4-	29-02
Signature, typed or printed name of registered agen	s and tale if applicable. (NC	OTE: Registered Agent signature requi	red when reinstating)	DATE
FEE IS \$61:25 Initial or Amended UBR	WHILL TANES ALL	ampaign Financing I Contribution.	\$5.00 May Be Make	Check Payable to partment of State
Initial or Amended UBR. 10. OFFICERS AND DI	Trust Fund	Contribution.	\$5.00 May Be Added to Fees Make	Check Payable to
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Initial or Amended UBR 10. OFFICERS AND DI HILE PRESIDENT PIXCEN NAME EVA Krewnski STREET ADDRESS 132 Martland AM CITY-ST-ZIP A I tamonte Spy F	Trust Fund	Contribution.	\$5.00 May Be Added to Fees Make	Check Payable to partment of State (10721)
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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 on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

587

Orlando Business & Professional Women's Clubs, Inc. P.O. Box 4357 Winter Park, FL 32793

6-11-02

Florida Dept of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement

Dear Sir or Madam:

We have enclosed a check with our resubmitted corporate annual report in the amount of \$183.75, representing 2000, 2001 and 2002 annual report fees.

We respectfully request a waiver of the \$175 reinstatement fee as we had not received any of the previous years' reports and it was never our intent to dissolve our corporation. We are a not-for-profit organization and were unaware that the filings had not taken place.

Sincerely,

Virginia M. Aries

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Treasurer/Director

enclosures