

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48295

1. Entity Name

FLORIDA TRADESWOMEN'S NETWORK, INC.

Principal Place of Business

5166 S.W. 6TH STREET  
MIAMI FL 33134

Mailing Address

5166 S.W. 6TH STREET  
MIAMI FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DURAN, DIANE  
5166 SW 6TH STREET  
MIAMI FL 33134

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. 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

After September 13, 2002,  
min. will be \$236.25.

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P  
DURAN, DIANE  
5166 S.W. 6TH STREET  
MIAMI FL 33134-1370 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
MUSIAL, CHRISTINE N  
5414 S.W. 44TH TERR.  
FT. LAUDERDALE FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/S  
WAGNER, MARY  
27020 S.W. 142 AVE.  
NARANJA FL 33032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
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CITY-ST-ZIP  
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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:

SIGNATURE REQUIRED

9/7/02

305-884-7693

FILED  
Sep 08, 2002 8:00 am  
Secretary of State

09-08-2002 90123 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)