

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N94000006324*

1. Entity Name

WOMEN'S COUNCIL OF REALTORS DADE SOUTH CHAPTER, INC.

FILED

00 OCT 30 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 566172
Miami, Fl 33256

P.O BOX 566172
Miami, Fl 33256

2. Principal Place of Business

3. Mailing Address

Women's Council of Realtors
Suite, Apt. #, etc.

P.O Box 566172
Suite, Apt. #, etc.

P O BOX 566172

City & State
Miami, Fl

City & State
Miami, Fl

Zip
33256-6172

Country
USA

Zip
33256-6172

Country
USA

4. FEI Number

65-0454093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAULA HERRIS
12305 S. Dixie Highway
Miami, Fl 33156

7. Name and Address of New Registered Agent

Name *Rebecca R. Aiduck*
Street Address (P.O. Box Number is Not Acceptable)
18981 SW 32 St
City *Miramar,* FL Zip Code *33029*

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

Rebecca R. Aiduck
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/2/2000

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 *D* PRESIDENT ☐ Delete
NAME ELI RISITINE
STREET ADDRESS 3610 SW 13 St
CITY-ST-ZIP Miami, Fl 33145

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *900003472929--4*
CITY-ST-ZIP *-11/21/00--01079--006*
******61.25 *****61.25*

TITLE *D* Pres.Elect. ☐ Delete
NAME Angela Durand
STREET ADDRESS 9000 SW 87 Ct.#214
CITY-ST-ZIP Miami, Fl 33176

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

TITLE *D* Treasurer ☐ Delete
NAME Rebecca R. Aiduck
STREET ADDRESS 300 Sevilla Av Suite 306
CITY-ST-ZIP Coral Gables, Fl 33134

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Rebecca R. Aiduck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2000 (305) 812-5400

Date

Daytime Phone #

CR2E037 (9/99)