

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006324

1. Entity Name

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

Principal Place of Business

Mailing Address

PO BOX 566172
MIAMI FL 33256-6172
US

PO BOX 566172
MIAMI FL 33256-6172
US

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

65-0454093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCUERO, MARIA
14361 SW 159 TER
MIAMI FL 33177

Name

ELIZABETH TRELLES ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

9731 S.W. 20 STREET

MIAMI, FL. 33165

City

MIAMI

FL

Zip Code
33165

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

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 ☐ Delete
NAME RISTINE, ELI
STREET ADDRESS 3610 S.W. 13 STREET
CITY-ST-ZIP MIAMI FL 33145

TITLE PD ☒ Change ☐ Addition
NAME ANA MARIA ROQUE
STREET ADDRESS
CITY-ST-ZIP

TITLE PED ☐ Delete
NAME DURAND, ANGELA
STREET ADDRESS 9000 S.W. 87TH COURT #214
CITY-ST-ZIP MIAMI FL 33176

TITLE PED ☒ Change ☐ Addition
NAME WONG, BONNIE
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ESCUERO, MARIA
STREET ADDRESS 14361 SW 159 TER
CITY-ST-ZIP MIAMI FL 33177

TITLE TD ☒ Change ☐ Addition
NAME ALVAREZ, ELIZABETH T.
STREET ADDRESS 9731 SW 20 ST.
CITY-ST-ZIP MIAMI, FL. 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90142 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)