

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90226 009 ****70.00

60043092



DOCUMENT # N94000006324

1. Entity Name
**WOMEN'S COUNCIL OF REALTORS MIAMI DADE
CHAPTER, INC.**

Principal Place of Business
**PO BOX 566172
MIAMI, FL 33256-6172 US**

Mailing Address
**134 E 49 ST
HIALEAH, FL 33013 US**

2. Principal Place of Business - No P.O. Box #
999 Brickell Ave
Suite, Apt. #, etc.
700

3. Mailing Address
999 Brickell Ave
Suite, Apt. #, etc.
700

City & State
Miami FL

Zip
33131

Country
USA

04242007 Chg-NP CR2E037 (12/06)

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

**DIAZ, NORKA M
134 E 49 ST
HIALEAH, FL 33013**

7. Name and Address of New Registered Agent

Name
DOROTHEE RUBIN

Street Address (P.O. Box Number is Not Acceptable)
999 Brickell Ave # 700

City
Miami

State
FL

Zip Code
33131

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 _____ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, NORKA M 134 EAST 49 STREET HIALEAH, FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LCP DOROTHEE RUBIN 999 BRICKELL AVE # 700 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SUAREZ, OLGA C 7333 CORAL WAY MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SANDRA FERNANDEZ 7137 SW 117 Ave Miami, FL 33183 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUBIN, DOROTHEE 999 BRICKELL AVE, SUITE 700 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTHA POMAREZ 2490 Coral Way Suite 401 Miami, FL 33145 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUCI, NORA 999 BRICKELL AVE MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FABIA GLOCKMAN 10850 SW 113th Pl - Suite 217 Miami, FL 33176 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, SANDRA 7137 SW 117 AVE MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHELLE ROJAS 7137 SW 117th Ave Miami, FL 33183 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____