

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90086 008 ****61.25

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DOCUMENT # N94000006324

1. Entity Name

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



Principal Place of Business

PO BOX 566172
MIAMI FL 33256-6172
US

Mailing Address

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALVAREZ, ELIZABETH T
9731 S.W. 20 STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

OLGA C SUAREZ

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

8415 SW 147 CT.

City

MIAMI

FL

Zip Code

33193

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

OLGA C. SUAREZ **TREASURER**

4/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ROQUE, ANA MARIA**
STREET ADDRESS **3610 S.W. 13 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE **TD** ☒ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **WONG, BONNIE**
STREET ADDRESS **13865 SOUTH DIXIE HWY SUITE 309**
CITY-ST-ZIP **MIAMI FLA 33176**

TITLE **PED** ☒ Change ☒ Addition
NAME **ORDONEZ, ANA L.**
STREET ADDRESS **15321 S. DIXIE HWY. SUITE 308**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **TD** ☒ Change ☒ Addition
NAME **SUAREZ, OLGA C.**
STREET ADDRESS **8415 SW 147 CT**
CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

OLGA C. SUAREZ **4/8/03**

305 264 7805 x264

CR2E037 (10/02)