

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000004047(5)**

1. Entity Name  
**WOMEN'S INSTITUTE FOR CREATIVITY, INC.**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90208 011 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**12365 SW 225th PO Box 218**  
**MIAMI, FL 33170 MIAMI, FL 33170**

**00073940**

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 **65-0608024** 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  
**MEREDITH DALGLISH**  
**20533 MANTA DRIVE**  
**MIAMI, FLA. 33189**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
PRESIDENT	MEREDITH DALGLISH <input checked="" type="checkbox"/> Delete	20533 MANTA DRIVE MIAMI, FLA. 33189			
VICE PRESIDENT	ANJAL SOLER <input checked="" type="checkbox"/> Delete	3325 N.E. 18th STREET FT. LAUDERDALE, FLA 33305			
SECRETARY-TREASURER	LEE BENSON <input checked="" type="checkbox"/> Delete	3200 N.E. 29th STREET # 601 FT. LAUDERDALE, FLA. 33302			

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: **Meredith Dalglish** **4.18.00 (305) 258-3933**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)