

2/20

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

02-20-2001 90054 037 ****61.25

DOCUMENT # N96000002043

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS OF

Principal Place of Business

Mailing Address

320 S. UNIVERSITY DR.
FT. LAUDERDALE FL 3332436 CEDAR WAY
HOLLYWOOD FL 33026-1106

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

65-0664305

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

GOODMAN, VIRGINIA
 19267 VINTAGE TRACE CIRCLE
 FT MYERS FL 33912

Name **DELANEA LOUELLETTE**Street Address (P.O. Box Number is Not Acceptable)
8000 GRAND CANAL DRCity **MIAMI**

FL

Zip Code
33144

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

Deleana L Ouellette

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/01

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 **D** ☒ Delete
 NAME **GOODMAN, VIRGINIA**
 STREET ADDRESS **19267 VINTAGE TRACE CIRCLE**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** ☐ Change ☒ Addition
 NAME **DELANEA LOUELLETTE**
 STREET ADDRESS **8000 GRAND CANAL DR**
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **D** ☒ Delete
 NAME **HERNANDEZ-ADAMS, SANDRA**
 STREET ADDRESS **10580 NW 7TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **T** ☐ Delete
 NAME **RODNEY, CAMILLE F**
 STREET ADDRESS **36 CEDAR WAY**
 CITY-ST-ZIP **HOLLYWOOD FL 33026-1106**

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

TITLE **D** ☐ Delete
 NAME **GOZDZ, WANDA E**
 STREET ADDRESS **7690 NW 10TH STREET**
 CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE **S** ☒ Delete
 NAME **KINCHLOW, GINA**
 STREET ADDRESS **412 MARGARET COURT**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-01

954
4372524

CR2E037 (10/00)