


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

FILED

03 SEP -3 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>N9600002043</b>	
1. Entity Name <b>National Association of Women Business Owners of Florida Inc</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5422 Carrier Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 340</b> Suite, Apt. #, etc.
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**RECEIVED** 02-03  
DO NOT WRITE IN THIS SPACE

City & State <b>Orlando, FL</b>	City & State <b>Windermere, FL</b>	4. FEI Number <b>65-0664305</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32819</b>	Country <b>USA</b>	Zip <b>34786</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Loulette Delanea</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>800 Grand Canal Dr</b>	
City <b>Miami</b>	
State <b>FL</b>	Zip Code <b>33144</b>

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) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Keri Lowe</b> <b>5422 Carrier Dr</b> <b>Orlando, FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wonda Gozdz</b> <b>7690 N.W. 10th St</b> <b>Plantation, FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000022727480</b> <b>09/03/03-01028-003 **122.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Delanea Llouette</b> <b>8000 Grand Canal Dr</b> <b>Miami, FL 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Keri Lowe**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/30/03** **(407) 352-0550**  
Date Daytime Phone #

CR2E037B (12/02)

9/3

June 10, 2003

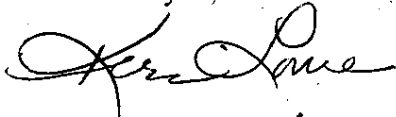
Department of State  
Tallahassee, Fl 32399

Dear sirs,

Enclosed please find a check for \$ 122.50 for the annual corporation renewal for the last two years. We never received either of the two prior notices for renewal. We did not know anything about it until an accountant told us our corporation was inactive. A search of your web site showed us that the mailing address is 320 S University Dr, Ft Lauderdale, Fl 33324 The mailing address needs to be changed to PO Box 340, Windermere, Florida 34786. We have not received any prior notices because we have not had this mailing address in several years. Please accept this money to keep our corporation active.

Please advise us if you need any additional information from us.

Thank-you,



Keri Lowe, *Treasurer*  
National Association of Women Business Owners of Florida Inc.  
PO Box 340  
Windermere, Fl 34786  
N96000002043