

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003515

FILED
Mar 12, 2002 8:00 AM
Secretary of State

Entity Name: AMERICAN BUSINESS WOMEN'S ASSOCIATION, PEMBROKE PINES CHAPTER, INC.

Current Principal Place of Business:

C/O JANE CABRERA
1630 NW 114TH AVE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 822253
S. FLORIDA, FL 33082

New Mailing Address:

FEI Number: 65-0489007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, JANE
1630 NW 114TH AVE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STARKEY, CATHERINE M
Address: 311 SW 71 WAY
City-St-Zip: PEMBROKE PINES, FL 33023

Title: TD () Delete
Name: CABRERA, JANE
Address: 1630 NW 114 AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD () Delete
Name: ALVAREZ, SAMANTHA
Address: 7618 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: NUNES, ALLYSON
Address: 141 MCARTHUR PKWY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DV () Delete
Name: RITCHIE, LISA
Address: 4926 SW 44TH TERR
City-St-Zip: FT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GOMEZ, SALLY
Address: 2985 DOVE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: SD (X) Change () Addition
Name: NUNES, ALLYSON
Address: 11989 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE CABRERA

TD

03/12/2002

Electronic Signature of Signing Officer or Director

Date