

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004670

1. Entity Name

WOMEN BUILDING HOPE, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90008 037 ****61.25

Principal Place of Business

325 ALMERIA AVENUE
 CORAL GABLES FL 33134

Mailing Address

325 ALMERIA AVENUE
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

95 Merrick way
 Suite, Apt. #, etc.
 100

95 Merrick way
 Suite, Apt. #, etc.
 100

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip 33134 Country USA

Zip 33134 Country USA

4. FEI Number

NOT APPLICABLE

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

GARCIA, ANASTASIA M ESQ.
 325 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name Garcia Anastasia M Esq

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

95 Merrick way

Suite 100

City Coral Gables

FL

Zip Code 33134

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

[Signature]

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
 After September 13, 2000 min. will be \$236.25

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
 NAME GARCIA, ANASTASIA M ESQ.
 STREET ADDRESS 325 ALMERIA AVENUE
 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE Director
 NAME Millye Herrera
 STREET ADDRESS 95 Merrick way suite 100
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE D
 NAME NAVARETTE, LIBBY ESQ.
 STREET ADDRESS 325 ALMERIA AVENUE
 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE D
 NAME ARIAS, ADELAIDA DR.
 STREET ADDRESS 325 ALMERIA AVENUE
 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

305-448-5280

Daytime Phone #

CR2E037 (5/00)