

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006465

1. Entity Name

NATIONAL ASSOCIATION OF CARIBBEAN BUSINESSWOMEN

Principal Place of Business

4770 BISCAYNE BLVD.
SUITE 1050
MIAMI FL 33137

Mailing Address

4770 BISCAYNE BLVD.
SUITE 1050
MIAMI FL 33137

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

65-0789559

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

GILL, MARIE
565 NORTHWEST 210 STREET #102
MIAMI FL 33169

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

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

(NOT Registered Agent signature required when reinstating)

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 PD ☐ Delete
NAME GILL, MARIE
STREET ADDRESS 565 NW 210 STREET #210
CITY-ST-ZIP MIAMI FL 33169

TITLE DIRECTOR OF ADMINISTRATION ☐ Change ☒ Addition
NAME AMY R. DIAZ
STREET ADDRESS 9101 BISCAYNE BLVD. #204
CITY-ST-ZIP MIAMI, FLORIDA 33138

TITLE VPD ☒ Delete
NAME JOHNSON-FINCHER, LEVETTE
STREET ADDRESS 8551 NW 7TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

TITLE D ☐ Delete
NAME ALLICK, ELIZABETH
STREET ADDRESS 2509 N.W. 183RD STREET
CITY-ST-ZIP MIAMI FL 33055

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

TITLE D ☐ Delete
NAME HYPPOLITE, MARIE
STREET ADDRESS 1006 NW 164 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33028

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

TITLE Secretary/Treasurer ☐ Delete
NAME Sara FRIDAY
STREET ADDRESS 10000-STIRLING ROAD STE 5
CITY-ST-ZIP COOPER CITY, FL 33024

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

TITLE Director ☐ Delete
NAME MAYNE TULLOCH
STREET ADDRESS 3211-SABAL PALM MANOR AVE. 26
CITY-ST-ZIP HOLLYWOOD, FLORIDA 33024

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)

4/26/01 305-653-7269

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90287 038 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)