

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90379 001 ****70.00

DOCUMENT # N97000006465

1. Entity Name

NATIONAL ASSOCIATION OF CARIBBEAN BUSINESSWOMEN INC.

Principal Place of Business

~~4770 BISCAYNE BLVD.
 SUITE 1050
 MIAMI FL 33137~~

See #2

Mailing Address

~~4770 BISCAYNE BLVD.
 SUITE 1050
 MIAMI FL 33137~~

See #2

2. Principal Place of Business

P.O. Box 472174

3. Mailing Address

P.O. Box 472174

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33247-2174

Country

USA

Zip

33247-2174

Country

USA

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

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

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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

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

TITLE **D** ☐ Delete
 NAME **DIAZ, AMY**
 STREET ADDRESS **9101 BISCAYNE BLVD, #204**
 CITY-ST-ZIP **MIAMI FL 33138**

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

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

TITLE **ST** ☒ Delete
 NAME **FRIDAY, SARAH**
 STREET ADDRESS **10000 STIRLING RD, STE 5**
 CITY-ST-ZIP **COOPER CITY FL 33024**

TITLE **D** ☐ Delete
 NAME **TULLOCH, MAXINE**
 STREET ADDRESS **3211 SABAL PALM MANOR, APT 26**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 305-653-7269

CR2E037 (9/01)