

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000002959

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** WOMEN ALLIANCE OF MIAMI-DADE & BROWARD, INC.

**Current Principal Place of Business:**

60 NW 161ST AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

60 NW 161ST AVE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 27-0006310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SICARD, AUDE M.L.  
60 NW 161ST AVE  
PEMBROKE PINES, FL 33028 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:** AUDE M.L. SICARD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SICARD, AUDE M.L.  
**Address:** 60 NW 161ST AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** DS  
**Name:** BARZOUKA, VALERIE  
**Address:** 351 SW 184TH TERRACE  
**City-St-Zip:** PEMBROKE, FL 33029

**Title:** DT  
**Name:** GERDES, MARCELLE  
**Address:** 8406 CARGILL POINT  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** DV  
**Name:** MARTIN, MARIE JOSE  
**Address:** 1966 NE 176TH ST  
**City-St-Zip:** N MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

**SIGNATURE:** AUDE M.L. SICARD

MS

10/08/2013

Electronic Signature of Signing Officer or Director

Date