

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90014 033 \*\*\*\*61.25


**DOCUMENT # N98000003697**

1. Entity Name

**HISPANIC WOMEN ALLIANCE AGAINST DOMESTIC VIOLENC**

Principal Place of Business

Mailing Address

 **Ms. Carmen Griggs**  
**780 NE 69th St. Apt. 2510**  
**Miami, FL 33138-5755**

 **Ms. Carmen Griggs**  
**780 NE 69th St. Apt. 2510**  
**Miami, FL 33138-5755**

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

**65-0849051**

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

Name

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

City

**FL**

Zip Code

**GRIGGS, CARMEN C.**

 **Ms. Carmen Griggs**  
**780 NE 69th St. Apt. 2510**  
**Miami, FL 33138-5755**

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

**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 **D**  
NAME **SOLLADELAVILLA, MILLIE**  
STREET ADDRESS **1605 SIRED RD**  
CITY-ST-ZIP **CORAL GABLES FL 33155**

☒ Delete

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

TITLE **D**  
NAME **GRIGGS, CRYSTAL A**  
STREET ADDRESS **635 NE 52 ST**  
CITY-ST-ZIP **MIAMI FL 33137**

☐ Delete

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

TITLE **Q**  
NAME **GRIGGS, SHAUN C**  
STREET ADDRESS **635 NE 52 ST**  
CITY-ST-ZIP **MIAMI FL 33137**

☐ Delete

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

TITLE **P**  
NAME **GRIGGS, CARMEN C**  
STREET ADDRESS **635 NE 52 ST**  
CITY-ST-ZIP **MIAMI FL 33137**

☐ Delete

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

TITLE **O**  
NAME **BERMAN, REGINA**  
STREET ADDRESS **7970 BISCAYNE PT CIR**  
CITY-ST-ZIP **MB FL 33414**

☐ Delete

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

TITLE **D**  
NAME **DELVISINCHI, BIANCA**  
STREET ADDRESS **960 PEMBROKE RD**  
CITY-ST-ZIP **HALLANDALE FL 33009**

☐ 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:

**CARMEN C. GRIGGS** 305-751-2120 0302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)