

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005185

1. Entity Name

WOMEN OF TOMORROW, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90043 003 ****61.25

Principal Place of Business

C/O JENNIFER V VALOPPI
316 N MIAMI AVE
MIAMI FL 33128

Mailing Address

C/O JENNIFER V VALOPPI
316 N MIAMI AVE
MIAMI FL 33128

00010010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Jennifer V. Valoppi
15000 SW 27th St.
Miramar, FL
33027 USA

3. Mailing Address

C/O Jennifer V. Valoppi
15000 SW 27 St.
Miramar, FL
33027 USA

City & State

Miramar, FL

Zip

33027

Country

USA

City & State

Miramar, FL

Zip

33027

Country

USA

4. FEI Number

65-0862995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, JONATHAN H
799 BRICKELL PLAZA STE 700
MIAMI FL 33131

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

1/17/2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALOPPI, JENNIFER V 316 N MIAMI AVE MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, DON 316 N MIAMI AVE MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNDLE, KATHERINE F 316 N MIAMI AVE MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2001 954-622-6876

CR2E037 (10/00)