

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007260

1. Entity Name

THE SILENT WOMAN IN THE PEW INC.

Principal Place of Business

5351 NW 11TH ST.  
LAUDERHILL FL 33313

Mailing Address

5351 NW 11TH ST.  
LAUDERHILL FL 33313

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

NOT APPLICABLE

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

WALKER WALDRON, ELLEN MARIE  
5351 NW 11TH ST.  
LAUDERHILL FL 33313

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  
After September 12, 2001, min. will be \$236.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSM  
WALKER WALDRON, ELLEN  
5351 N.W. 11TH STREET  
LAUDERHILL FL 33313 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
WALKER, ELINORE L  
5351 N.W. 11TH STREET  
LAUDERHILL FL 33313 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SUZYDAM, MARTINA  
35 CENTRAL DIVE  
NANUET NY 10954 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GALLOWAY, MADA  
88 PHILLIPS ROAD  
LAWRENCEVILLE NJ ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TELLA, WILLIAM J  
11337 N.W. 15TH COURT  
PEMBROKE PINES FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEBB JOHNSON, SHARYN  
5800 COOLIDGE STREET  
CAPITOL HEIGHTS MD ☐ 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:

ES [Signature] ELLEN M. WALDRON 09/08/01

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90017 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)