

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90005 048 ****61.25

DOCUMENT # N99000003431

1. Entity Name

NORTHEAST MIAMI WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

**454 NE 58TH ST
 MIAMI FL 33137**

**454 NE 58TH ST
 MIAMI FL 33137-2629**

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

590660627 AF5904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIPOS, ANDREW L JR. ESQ
 250 BIRD ROAD, STE. 302
 CORAL GABLES FL 33146**

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 _____

**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	PD	<input type="checkbox"/> Delete
NAME	COXE, CHARLOTTE	
STREET ADDRESS	833 NE 72ND ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, MOYSE	
STREET ADDRESS	580 NE 58TH ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUNK-MADSEN, MAXINE	
STREET ADDRESS	5756 AZALEA ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOMPKE, GENEVIEVE	
STREET ADDRESS	12005 NE 7TH AVE.	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREULICH, MARIE	
STREET ADDRESS	442 NE 76TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 2000 305-757-2200
 Date Daytime Phone #

CR2E037 (9/99)