

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90137 036 ****61.25

0022337

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**

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

59-0660627

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **PD COXE, CHARLOTTE**
 STREET ADDRESS **833 NE 72ND ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SMITH, MOYSE**
 STREET ADDRESS **580 NE 58TH ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME **VB VERONICA FUCHS**
 STREET ADDRESS **5932 NE 6 AVE**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Delete
 NAME **VD MUNK-MADSEN, MAXINE**
 STREET ADDRESS **5756 AZALEA ST**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE Change Addition
 NAME **VD MARGARET BOUNDY**
 STREET ADDRESS **17630 NW 82 CT**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE Delete
 NAME **SD DOMPKE, GENEVIEVE**
 STREET ADDRESS **12005 NE 7TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MOYER, ARLINE**
 STREET ADDRESS **1095 NE 144 STREET**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: ARLINE MOYER, TREASURER 1/18/02

CR2E037 (9/01)