

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90532 015 ****61.25

DOCUMENT # N99000003431



1. Entity Name
NORTHEAST MIAMI WOMAN'S CLUB, INC.

Principal Place of Business

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

Mailing Address

**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**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **VD** Delete
NAME **VERNIVA FUCHS**
STREET ADDRESS **5932 NE 6 AVENUE**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **VD** Change Addition
NAME **DOMPKE, GENEVIVE**
STREET ADDRESS **7657 TRENT DRIVE**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VD** Delete
NAME **MARGURET, BOUNDY**
STREET ADDRESS **17630 NW 82 COUNT**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **VD** Change Addition
NAME **COXE, CHARLOTTE**
STREET ADDRESS **833 NE 72 ST**
CITY-ST-ZIP **MIAMI, FL 33137**

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

TITLE **SD** Change Addition
NAME **FORMAN, JEANNETTE**
STREET ADDRESS **11339 N E 8 CT**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **TD** Delete
NAME **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**
SIGNATURE REQUIRED 1/22/03

305-947-7856

CR2E037 (10/02)