

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90010 041 ****61.25

DOCUMENT # N99000005489

1. Entity Name

WOMEN OF THE KINGDOM, INC.

Principal Place of Business

Mailing Address

6650 SW 118 ST.
 MIAMI FL 33156

6650 SW 118 ST.
 MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

6845 S.W. 64 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip 33143

Country US

Zip

Country

4. FEI Number

65-0950079

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

PARLAPIANO, MAYRA
 6650 SW 118 ST.
 MIAMI FL 33156

Name

Karen Colbert

Street Address (P.O. Box Numbers Not Acceptable)

6845 S.W. 64 ST

City

Miami

FL

Zip Code

33143

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

Karen A. Colbert

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	PARLAPIANO, MAYRA	
STREET ADDRESS	6650 SW 118 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLBERT, KAREN	
STREET ADDRESS	4465 SW 14 ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, PAT	
STREET ADDRESS	14956 SW 113 ST.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemarie Ortiz	
STREET ADDRESS	7231 SW 140 Ave	
CITY-ST-ZIP	Miami, Florida 33183	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margarita Cooper	
STREET ADDRESS	10800 SW 123 St.	
CITY-ST-ZIP	Miami, FL 33176-4635	
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		

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:

Karen A. Colbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/02 (305) 740 9918

CR2E037 (9/01)