2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024185

1. Entity Name

HEALTH WATCH FOR WOMEN, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90557 001 ***150.00

	WATCH FOR WOMEN, INC.	•						
Principal Place 1600 S FEDER STE #611 POMPANO BE		Mailing Address 1600 S FEDERAL HV STE #611 POMPANO BEACH F					 	8181 BAKI 1481
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING (CHANGES	
City & State		City & State		4. FEI Number 65-1081566		Applied For Not Applicable		
Zip	Country	Zip	Count	try	5. Certificate of Status Desired		8.75 Add	ditional
	6. Name and Address of Current				7. Name and Address of New R			
				Name		<u> </u>	-	
KASSIN, GLORIA			ļ	Street Address (P.O. Box Number is Not Acceptable)				
17249 NORTHWAY CIRCLE						<u></u>		
BOCA RAT	TON FL 33439				7			
			·	City		FL	Zip Cod	е
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changi	ng its registere	ed office or register	ed agent, or both, in the State of Flo	orida. I am fai	miliar with,	and accept
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable.	(NO1E: Registered	d Agent signature required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Fir Trust Fund Contributio		\$5.0	May Be
	k Payable to Florida Department o	f State			Trust Furia Contributo	п. 🗀	Addet	to rees
Make Checi			11.					
	k Payable to Florida Department o OFFICERS AND		11. TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND D		
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact meight with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 954-941-87 Date Daytime Phone #