

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90465 018 ***150.00

DOCUMENT # P93000027740

1. Entity Name
A CHOICE FOR WOMEN, INC.

| | |
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| Principal Place of Business 6201 SW 70TH ST SUITE 101 SOUTH MIAMI FL 33143 | Mailing Address 6201 SW 70TH ST SUITE 101 SOUTH MIAMI FL 33143 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------------------|---|--|
| 2. Principal Place of Business 6660 SW 117 AVE Suite, Apt. #, etc. | | 3. Mailing Address 6660 SW 117 AVE Suite, Apt. #, etc. | |
| City & State MIAMI FL | City & State MIAMI FL | 4. FEI Number 65-0416184 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33183 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent MAURER, SUSAN 6201 SW 70TH ST SUITE 101 SOUTH MIAMI FL 33143 | | 7. Name and Address of New Registered Agent Name SUSAN MAURER Street Address (P.O. Box Number is Not Acceptable) 6660 SW 117 AVE City MIAMI FL Zip Code 33183 | |
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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 *Susan Maurer* DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAURER, SUSAN 6201 SW 70TH ST SUITE 101 SOUTH MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATSON, EDWARD 6201 SW 70TH ST SUITE 101 SOUTH MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: *Susan Maurer* **4/26/02** **305 630 3363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)