

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-04-2000 90227 006 ***150.00

DOCUMENT # **P93000080795**

Entity Name

Women Are Wonderful, Inc.
 6948 Crown Gate Drive
 Miami Lakes, FL 33014
 Phone / Fax 1-305-821-2126

Principal Place of Business

Mailing Address

6948 Crown Gate Dr. Miami Lakes FL

Principal Place of Business

6948 Crown Gate Dr.

Suite, Apt. #, etc.

3. Mailing Address

6948 Crown Gate Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL

City & State

Miami Lakes FL

FBI Number

65-0459738

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

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

Dr. Ann Moliver Ruben

6948 Crown Gate Drive

Miami Lakes, FL 33014

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 *Dr. Ann Moliver Ruben*

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

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 Dr. Ann Moliver Ruben
 STREET ADDRESS 6948 Crown Gate Dr.
 CITY-STATE-ZIP Miami Lakes, FL 33014

☐ Change ☐ Addition

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

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 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

3. 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 like empowered.

SIGNATURE: *Dr. Ann Moliver Ruben*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 305-821-2126

Date

Daytime Phone #

CR2E034 (9/99)