

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90820 038 \*\*\*158.75

**DOCUMENT # P94000072508**

1. Entity Name

**WOMEN IN LABOR, INC.**

Principal Place of Business

Mailing Address

7270 NW 12ST.  
 205  
 MIAMI FL 33126

7270 NW 12ST.  
 205  
 MIAMI FL 33126

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

**65-0536023**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATHLEEN BENTE, ESQ.**  
**SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.**  
**3940 NATIONSBANK TOWER, 100 SE. 2ND ST**  
**MIAMI FL 33131**

Name

**MARIAZELL H. ARIAS**

Street Address (P.O. Box Number is Not Acceptable)

**1108 N.W. 180TH AVENUE**

City

**Pembroke Pines,**

**FL**

Zip Code

**33029**

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

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

**MARIAZELL H. ARIAS, President 4/20/01**

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	ARIAS, MARIAZELL H	
STREET ADDRESS	1108 NW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVELYN M. LAURENCIO	
STREET ADDRESS	14640 MAHOGANY CT.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARQUEZ, MICHELLE C	
STREET ADDRESS	1108 NW 180TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-3170	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ARIAS, ARMANDO	
STREET ADDRESS	1108 N.W. 180TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-3170	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIAZELL H. ARIAS**

**President 4/20/01**

Date

Daytime Phone #

**(305) 594-2393**

CR2E034 (10/00)