

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT. # P97000074123

1. Entity Name  
PROFESSIONAL WOMEN'S INVESTMENT NETWORK, INC.

Principal Place of Business

C/O SALLY OKEN  
7830 STANWAY PL  
BOCA RATON FL 33433

Mailing Address

~~C/O SALLY OKEN~~ c/o B. Schweiger  
~~7830 STANWAY PL~~  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

c/o B. Schweiger  
Suite, Apt. #, etc.  
20287 Monteverdi Cir.

City & State

City & State  
Boca Raton, FL

Zip

Country

Zip  
33498

Country

USA

4. FEI Number

65-0777190

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

REAMER, LESLIE

~~13052 VIA TORINO~~

~~DELRAY BEACH FL 33488~~

14401 S. Military Trail  
#C100  
Delray Beach, FL 33484

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

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

(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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KAPLAN, PHYLLIS  
17388 BOCA CLUB BLVD #203-D  
BOCA RATON FL 33487

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CLARK, WENDY  
1180 S OCEAN BLVD  
BOCA RATON FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PUTMAN, LESLIE  
926 NW 13TH AVE  
BOYNTON BEACH FL 33426

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SCHWEIGER, BONNIE  
20287 MONTEVERDI CIRCLE  
BOCA RATON FL 33498

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01

Daytime Phone #

FILED  
Sep 19, 2001 8:00 am  
Secretary of State

09-19-2001 90161 031 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)