

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0144624 AV

**DOCUMENT # P99000034021**

1. Entity Name  
**A WOMAN'S OPTION, INC.**



Principal Place of Business  
**1933 WEST 60TH STREET  
HIALEAH FL 33012**

Mailing Address  
**1933 WEST 60TH STREET  
HIALEAH FL 33012**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0911096**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FUENTES, MIGUEL  
8851 N.W. 119 ST., UNIT 2109  
HIALEAH FL 33018**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered 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 Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FUENTES, LAURA I</b>	
STREET ADDRESS	<b>10000 N.W. 80TH CT. #2466</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33016</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FUENTES, MIGUEL</b>	
STREET ADDRESS	<b>8851 N.W. 119 ST., UNIT 2109</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33018</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUENTES, MIGUEL</b>	
STREET ADDRESS	<b>8851 NW 119 STREET UNIT 2109</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33018</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FUENTES, ADELAIDA</b>	
STREET ADDRESS	<b>1933 WEST 60TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33012</b>	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED LAURA FUENTES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 11 2003 (305) 824-1788**

Date

Daytime Phone #

CR2E034 (10/02)