

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90190 025 ***150.00

0281363

DOCUMENT # V67862

1. Entity Name
PRESIDENTIAL WOMEN'S CENTER FAMILY PLANNING, INC

Principal Place of Business Mailing Address
1501 PRESIDENTIAL WAY **1501 PRESIDENTIAL WAY**
SUITE 8 **SUITE 8**
W. PALM BEACH FL 33401 **W. PALM BEACH FL 33401**

C0032066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1501 Presidential Way **1501 Presidential Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 19 **Suite 19**
 City & State City & State
West Palm Beach, FL **West Palm Beach, FL**
 Zip Country Zip Country
33401 **USA** **33401** **USA**

4. FEI Number **65-0358701** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REIS, MONA S
1501 PRESIDENTIAL WAY
#8
W PALM BCH FL 33401

7. Name and Address of New Registered Agent
 Name **Reis, Mona S**
 Street Address (P.O. Box Number is Not Acceptable)
1501 Presidential Way
#19
 City **West Palm Beach** FL Zip Code **33401**

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 *Mona S Reis* DATE 2/28/01
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. **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIS, MONA S. 1501 PRESIDENTIAL WAY #8 W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 Presidential Way #19	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Mona S Reis* Date 2/28/01 Daytime Phone # 561-686-3809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)