

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90102 013 ****61.25

DOCUMENT # N21804

1. Entity Name

COUNSELING SERVICES FOR WOMEN, INC.

Principal Place of Business

Mailing Address

44 EAST 32ND ST., 11 FL
 NEW YORK NY 10016

POB 1127
 MURRAY HILL STA.
 NEW YORK NY 10156-1127
 US

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

58-1744807

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

VILLANO, DAVID
 2453 INAGUA AVE.
 MIAMI FL 33133

Name **Catherine Villano**

Street Address (P.O. Box Number is Not Acceptable) **2100 Sans Souci Blvd. Apt. 110**

City **N. Miami**

FL

Zip Code **33181**

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 Catherine Villano, Reg. Agent & Dir. Catherine Villano 4/1/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PVD**
 STREET ADDRESS **MUNDAY, VIRGINIA**
 CITY-ST-ZIP **475 W. 57TH ST., APT. 24-B2**
NEW YORK NY 10019

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **BELLUCCI, THOMAS**
 CITY-ST-ZIP **1718 M ST., N.W., SUITE 345**
WASHINGTON DC 20036

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **WADE, GERALD**
 CITY-ST-ZIP **2630 S.W. 27TH AVE., SUITE 100**
MIAMI FL 33133

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **VILLANO, DAVID**
 CITY-ST-ZIP **2453 INAGUA AVE.**
MIAMI FL 33133

TITLE **D** Change Addition
 NAME **Catherine Villano**
 STREET ADDRESS **2100 Sans Souci Blvd.**
 CITY-ST-ZIP **Apt. 110**
N. Miami, FL 33181

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 617, 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: Virginia Munday, Pres! Virginia Munday, PVD Apr 4, 2000 305-895-1736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/99)