

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*  
**FILED**

03 SEP -2 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # 513484</b>   |         |  |         |
| 1. Entity Name<br><b>MR. WINTER, INC.</b>                                |         |  |         |
| Principal Place of Business<br>8080 WEST 26TH COURT<br>HIALEAH, FL 33016 |         | Mailing Address<br>8080 WEST 26TH COURT<br>HIALEAH, FL 33016 |         |
| 2. Principal Place of Business<br><b>same</b>                            |         | 3. Mailing Address<br><b>same</b>                            |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |
| 4. FEI Number<br><b>59-1696560</b>                                       |         | Applied For<br><input type="checkbox"/> Not Applicable       |         |
| 5. Certificate of Status Desired   |         | <b>\$8.75</b> Additional Fee Required                        |         |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>STEELE &amp; HANSON, P.A.<br/>328 MINORCA AVE.<br/>2ND FLOOR<br/>MIAMI, FL 33134</b> |  | 7. Name and Address of New Registered Agent        |          |
| Name   |  | Name   |          |
| Street Address (P.O. Box Number is Not Acceptable)   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |  | City   | Zip Code |
|  |  | <b>FL</b>  |          |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$160.00**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GONZALEZ, LUIS M.<br>8085 W 26TH CT<br>HIALEAH, FL 00000, <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SECRETARY<br>Gonzalez, Luis M.<br>8080 West 26th CT<br>Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MIJARES, MANUEL<br>8085 WEST 26TH COURT<br>HIALEAH, FL <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT<br>Mijares, Manuel<br>8080 West 26th CT<br>Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MIJARES, LUISA<br>8085 WEST 26 COURT<br>HIALEAH, FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President<br>Wulff, Luis A.<br>8080 West 26th CT<br>Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasury<br>Wulff, Rita G.<br>8080 West 26th CT<br>Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 800022682500<br>09/02/03--01010--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 and covered.

SIGNATURE: \_\_\_\_\_ DATE: *07/22/03* DAYTIME PHONE # *305 556 6741*

CR2E034 (12/02)