

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90114 028 ****61.25

0033798

DOCUMENT # 711909

1. Entity Name

WINDSOR ARMS CONDOMINIUM INC.

Principal Place of Business

1915 RODMAN STREET
 HOLLYWOOD FLA 33020

Mailing Address

% GANNIM SHARIFF
 3029 W. MISSIONWOOD CIRCLE
 MIRAMAR FL 33025

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Gannim Shariff

Suite, Apt. #, etc.

7834 Silverado Court

City & State
 Davie, FL

Zip
 33024

Country
 USA

4. FEI Number

59-2061192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHARIFF, GANNIM
 3029 W. MISSIONWOOD CIRCLE
 MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name

Gannim Shariff

Street Address (P.O. Box Number is Not Acceptable)

7834 Silverado Court

City

Davie

FL

Zip Code
 33024

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

Gannim Shariff

(Gannim Shariff, President)

4/25/01

Signature, typed or printed name of registered agent and fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARBOURU, NORMAND 1915 RODMAN ST., #11 HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHARIFF, GANNIM 3029 W. MISSIONWOOD CIRCLE MIRAMAR FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GEORJEANE 112-42 N.W. 14TH CT PEMBROKE PINES FL 33026	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GARCIA, MIGUEL 4118 N Circle Drive Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SHARIFF, GANNIM 7834 Silverado Court Davie, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MANSARAM, LILOUTI 2928 W Missionwood Circle Miramar, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MANSARAM, LALCHAN 2928 W Missionwood Circle Miramar, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMPAL, SAVITRI 7840 Silverado Court Davie, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZZE, ELAINE 321 Henry Street Jeannette, PA 15644	<input type="checkbox"/> Change <input checked="" 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 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:

Gannim Shariff (Gannim Shariff, Pres) 4/25/01 (954)431-7957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)