

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90065 007 \*\*\*\*61.25

**DOCUMENT # 711909**

1. Entity Name

**WINDSOR ARMS CONDOMINIUM INC.**

Principal Place of Business

Mailing Address

**1915 RODMAN STREET  
 HOLLYWOOD FLA 33020**

**% GANNIM SHARIFF  
 7834 SILVERADO CRT  
 DAVIE FL 33024**

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

**59-2061192**

Applied For

Not Applicable

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

**SHARIFF, GANNIM  
 7834 SILVERADO CRT  
 DAVIE FL 33024**

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.

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 \$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 **VD**  
 STREET ADDRESS **GARCIA, MIGUEL**  
 CITY-ST-ZIP **4118 N. CIRCLE DR  
 HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SHARIFF, GANNIM**  
 CITY-ST-ZIP **7834 SILVERADO CRT  
 DAVIE FL 33025**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **MANSARAM, LILOUTI**  
 CITY-ST-ZIP **2928 W. MISSIONWOOD CIR  
 MIRAMAR FL 33025**

TITLE ☒ Change ☐ Addition  
 NAME **SD**  
 STREET ADDRESS **MANSARAM, LILOUTI**  
 CITY-ST-ZIP **8411 NW 5TH STREET  
 PEMBROKE PINES, FL 33024**

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **MANSARAM, LALCHAN**  
 CITY-ST-ZIP **2928 W. MISSIONWOOD CIR  
 MIRAMAR FL 33025**

TITLE ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS **MANSARAM, LALCHAN**  
 CITY-ST-ZIP **8411 NW 5TH STREET  
 PEMBROKE PINES, FL 33024**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RAMPAL, SAVITRI**  
 CITY-ST-ZIP **7840 SILVERADO CRT  
 DAVIE FL 33024**

TITLE ☒ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **SUMINTARO, INLYANA**  
 CITY-ST-ZIP **1915 RODMAN ST  
 HOLLYWOOD, FL 33020**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GAZZE, ELAINE**  
 CITY-ST-ZIP **321 HENRY ST  
 JEANNETTE PA 15644**

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:** *Lalchan Mansaram* **LALCHAN MANSARAM** **4/12/02 (454) 450-5294**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)