

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	GARCIA, MIGUEL	4118 N. CIRCLE DR	HOLLYWOOD FL 33021	<input type="checkbox"/>
PD	SHARIFF, GANNIM	7834 SILVERADO CRT	DAVIE FL 33025	<input type="checkbox"/>
SD	MANSARAM, LILOUTI	2928 W. MISSIONWOOD CIR	MIRAMAR FL 33025	<input type="checkbox"/>
TD	MANSARAM, LALCHAN	2928 W. MISSIONWOOD CIR	MIRAMAR FL 33025	<input type="checkbox"/>
D	RAMPAL, SAVITRI	7840 SILVERADO CRT	DAVIE FL 33024	<input type="checkbox"/>
D	GAZZE, ELAINE	321 HENRY ST	JEANNETTE PA 15644	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
SD	MANSARAM, LILOUTI	8411 NW 5th STREET	PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	MANSARAM, LALCHAN	8411 NW 5th STREET	PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	SUMINTARO, INLYANA	1915 RODMAN ST	HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/>

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)