

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90200 004 \*\*\*\*61.25

**DOCUMENT # 711909**

1. Entity Name

**WINDSOR ARMS CONDOMINIUM INC.**



Principal Place of Business

**1915 RODMAN STREET  
HOLLYWOOD FLA 33020**

Mailing Address

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

**60023447**



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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, MIGUEL	
STREET ADDRESS	4118 N. CIRCLE DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHARIFF, GANNIM	
STREET ADDRESS	7834 SILVERADO CRT	
CITY-ST-ZIP	DAVIE FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MANSARAM, LILOUTI	
STREET ADDRESS	8411 NW 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANSARAM, LALCHAN	
STREET ADDRESS	8411 NW 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMPAL, SAVITRI	
STREET ADDRESS	7840 SILVERADO CRT	
CITY-ST-ZIP	DAVIE FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAZZE, ELAINE	
STREET ADDRESS	321 HENRY ST	
CITY-ST-ZIP	JEANNETTE PA 15644	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUNITARO INLYANA	
STREET ADDRESS	1915 RODMAN STREET #10	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*GANNIM SHARIFF* (GANNIM SHARIFF) 4/10/03 (954) 431-7257

CR2E037 (10/02)