

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90044 011 ****61.25

DOCUMENT # 729358

1. Entity Name

WINSTON 300 SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

**230 174TH STREET
 SUNNY ISLES FL 33160
 US**

**230 174TH STREET
 SUNNY ISLES FL 33160-3332
 US**

B0013540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEINBERG, (PAUL B.)
 767 ARTHUR GODFREY ROAD
 MIAMI BEACH FL 33140**

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:
 FEES 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	D	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, TANYA	
STREET ADDRESS	230 174TH ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHWALD, SYLVIA	
STREET ADDRESS	230 174TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAUSS, EARNEST	
STREET ADDRESS	230 - 174TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRAUSS, TOBY	
STREET ADDRESS	230-174TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THALER, MILTON	
STREET ADDRESS	230 174TH ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGALA, LIJU	
STREET ADDRESS	230 174TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)