

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91066 007 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000114780**

1. Entity Name  
**AYP WINDMOOR, INC.**



Principal Place of Business  
 1320 SOUTH DIXIE HIGHWAY SUITE 280  
 CORAL GABLES, FL 33146

Mailing Address  
 1320 SOUTH DIXIE HIGHWAY SUITE 280  
 CORAL GABLES, FL 33146

20032344



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 2600 SW 3rd Avenue  
 Suite, Apt. #, etc.  
 Suite 730

CHECK HERE IF MAKING CHANGES

City & State  
 Miami, FL

4. FEI Number  
 02-0250604

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country  
 33129 USA

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SANCHEZ DE VARONA, RAUL J  
 1320 SOUTH DIXIE HIGHWAY SUITE 280  
 CORAL GABLES, FL 33146

Name  
 Guzman, Mario

Street Address (P.O. Box Number is Not Acceptable)  
 Two Dalton Center  
 9130 S. Dadeland Blvd. Suite 1504  
 City Miami FL Zip Code 33156

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

MARIO GUZMAN

3/28/03  
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$180.00**  
 After May 1, 2005 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	BARBIERI, ALBERTO	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 280	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBAGALLO, MIGUEL ANGEL	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 280	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2600 SW 3rd Avenue #730	
CITY-ST-ZIP	Miami, FL 33129	
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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03

(305) 859-9787

Date

Daytime Phone #

CR2E034 (10/02)