

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90194 041 \*\*\*150.00

**DOCUMENT # P97000068778**

1. Entity Name  
**WINSTON ASSOCIATES, INC.**

Principal Place of Business 1609 NE 2ND COURT LAUDERDALE FL 33301	Mailing Address 1609 NE 2ND COURT FORT LAUDERDALE FL 33301-3813
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U I U I U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>34 Principe de Paz</i>		4. FEI Number <b>65-0775260</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State <i>Santa Fe, NM</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
Zip	Country	Zip <i>87505</i>	Country <i>USA</i>			

6. Name and Address of Current Registered Agent <b>DOWNS, ALAN</b> 1609 NE 2ND COURT FORT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent		
				Name <i>Jim Mullin</i>		
				Street Address (P.O. Box Number is Not Acceptable) <i>2263 NW Boca Raton Blvd. #205</i>		
				City <i>Boca Raton</i>		FL Zip Code <i>33431</i>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: *2/16/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLOAN, KEVIN</b>		NAME		
STREET ADDRESS	<b>1609 NE 2ND COURT</b>		STREET ADDRESS		
ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWNS, ALAN</b>		NAME		
STREET ADDRESS	<b>1609 NE 2ND COURT</b>		STREET ADDRESS		
ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/99)