2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am **DOCUMENT # P97000068778 Secretary of State** 1. Entity Name WINSTON ASSOCIATES, INC. 03-08-2001 90105 020 ***150.00 Principal Place of Business Mailing Address 1609 NE 2ND COURT 34 PRINCIPE DE PAZ FORT LAUDERDALE FL 33301 SANTA FE NM 87505 2. Principal Place of Business 11-8 Principe de Paz 3. Mailing Address 118 Principe de Paz DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0775260 Not Applicable Country USA _ . \$8.75 Additional 5.-Certificate of Status Desired Fee Required ~ -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MULLIN; JIM Street Address (P.O. Box Number is Not Acceptable) 2263 NW BOCA RATON BLVD 205 **BOCA RATON FL 33431** 2080 NW Boca Raton Blud. #6 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSLOAN, KEVIN CR2E034 (10/00) TITLE ☐ Delete TITLE SLOAN, KEVIN NAME NAME 118 Principe de Paz 1609 NE 2ND COURT STREET ADDRESS STREET ADDRESS Santa Fe, NM CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition DOWNS, ALAN DOWNS, ALAN NAME NAME 618 B Old Santa Fe Trail 1609 NE 2ND COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-7IP nte Fc. NM ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date Dayline Phone #