

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90973 002 \*\*\*158.75

**DOCUMENT # P99000043057**



1. Entity Name  
**WIN SECURITIES CORP.**

Principal Place of Business  
**7121 FAIRWAY DRIVE  
SUITE 202  
PALM BEACH GARDENS FL 33418-3764**

Mailing Address  
**7121 FAIRWAY DRIVE  
SUITE 202  
PALM BEACH GARDENS FL 33418-3764**

**11021649**



2. Principal Place of Business  
**7121 FAIRWAY DRIVE**  
Suite, Apt. #, etc.  
**SUITE 202**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**PALM BEACH GARDENS, FL**  
Zip  
**33418-3764** Country  
**USA**

City & State  
Zip Country

4. FEI Number **65-0939556**  
Applied For  
 Not Applicable

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**

**WALSH, MARY T  
7121 FAIRWAY DR. STE 202  
PALM BEACH GARDENS FL 33418-3764**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>WALSH, JOHN P</b>	
STREET ADDRESS	<b>7121 FAIRWAY DRIVE SUITE 202</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WALSH, DENIS S</b>	
STREET ADDRESS	<b>7121 FAIRWAY DRIVE SUITE 202</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>MONTEIRO, MARIO</b>	
STREET ADDRESS	<b>7121 FAIRWAY DRIVE SUITE 202</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WALSH, MARY THERESE</b>	
STREET ADDRESS	<b>7121 FAIRWAY DRIVE SUITE 202</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
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 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 checked="" type="checkbox"/> Addition
NAME	<b>VP WALSH MARY THERESE</b>	
STREET ADDRESS	<b>7121 FAIRWAY DR STE 202</b>	
CITY-ST-ZIP	<b>PALM Bch Gdns, FL 33418-3764</b>	
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 607, 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:** **MARIO MONTEIRO** 4/22/03 561-422-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)