

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 23 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080423

1. Entity Name

WINMAX TRADING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5920 Macleod Trail

3. Mailing Address

5920 Macleod Trail

Suite, Apt. #, etc.
Suite 208Suite, Apt. #, etc.
Suite 208City & State
Calgary, AlbertaCity & State
Calgary, Alberta4. FEI Number
650702554Applied For
Not ApplicableZip Country
T2H 0K2 CanadaZip Country
T2H 0K2 Canada5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Brenda Lee HamiltonStreet Address (P.O. Box Number is Not Acceptable)
2 E. Camino Real

Suite 202

City Zip Code
Boca Raton FL 33432

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, if applicable.

(NOTE: Registered Agent signature required when reappointing)

5/22/03
DATE9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Gerald E. Sklar
STREET ADDRESS	5920 Macleod Trail, Suite 208
CITY-ST-ZIP	Calgary, Alberta Canada T2H0K2

TITLE	D
NAME	Dave Young
STREET ADDRESS	5920 Macleod Tr., Suite 208
CITY-ST-ZIP	Calgary, Alberta, Canada T2H 0K2

TITLE	D
NAME	Anthony Miller
STREET ADDRESS	5920 Macleod Tr., Suite 208
CITY-ST-ZIP	Calgary, Alberta Canada T2H 0K2

TITLE	D
NAME	Blaine Prober
STREET ADDRESS	5920 Macleod Tr., Suite 208
CITY-ST-ZIP	Calgary, Alberta Canada T2H 0K2

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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)(b), 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 on an attachment with an address, when all other like information is provided.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald E. Sklar, President 877-693-3130

May 14, 2003

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