


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-28-2003-90317001 \*\*\*\*35.00  
03-28-2003-90317002 \*\*\*\*150.00

**DOCUMENT # 282102**

1. Entity Name  
**WINDSOR ENTERPRISES INC**



03 APR -2 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3713 SW 8 STREET  
MIAMI FL 33134

Mailing Address  
3713 SW 8 STREET  
MIAMI FL 33134



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address  
Suite Apt #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1057947**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, JOSE E.**  
601 BRICKELL KEY DR.  
SUITE 501  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Renaldy J. Gutierrez**

Street Address (P.O. Box Number is Not Acceptable)  
**601 Brickell Key Drive**

Suite **201**

City **Miami** FL Zip Code **33131**

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 *[Signature]* **Renaldy J. Gutierrez** DATE **01/28/2003**

(NOTE: Registered Agent signature required when terminating)

**FILE NOW!!! FEE IS \$100.00**  
After May 1, 2003 Fee will be \$500.00  
State 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ,AMELIA P 3713 S.W. 8 STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT GOMEZ,MARCO A 3713 S.W. 8 STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*[Handwritten signature]*

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: *[Signature]*

DATE: **March 30-03**

OFFICIAL PHONE # **305 448 0592**

CR2E034 (10/02)