2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 07, 2003 8:00 am Secretary of State 358126 **DOCUMENT #** 1. Entity Name 03-07-2003 90123 013 ***150.00 WYNNE BUILDING CORPORATION Principal Place of Business Mailing Address 12804 SW 122 AVENUE 12804 SW 122 AVENUE MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1294759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WYNNE, JOEL Street Address (P.O. Box Number is Not Acceptable) 12804 SW 122 AVENUE **MIAMI FL 33186** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE.IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F VTD ☐ Delete TITLE ☐ Change ☐ Addition NAME NEWMAN, HARVEY NAME STREET ADDRÉSS 8000 S U. S. 1 STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME WYNNE, JOEL NAME STREET ADDRESS 12804 SW 122 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WYNNE, MATTHEW L. NAME NAME STREET ADDRESS 8000 SO U. S. ! STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL CITY-ST-ZIP TITLE **VSD** ☐ Defete TITLE Change ☐ Addition NAME WYNNE, ERIC P. NAME STREET ADDRESS 8000 SO U.S. 1 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

12. I hereby certify that the information supplied with this fling does not qualify for indicated on this report or supplemental report is true and accurate and that more the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered. he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is signature shall have the same legal effect as if made under oath; that I am an officer or director sequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-7IP

SIGNATURE:

FILED