

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727273

1. Entity Name

WINSTON PARK ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90052 043 ****61.25

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI FL 33186
US

C/O MIAMI MANAGEMENT
14275 SW 142 AVE.
MIAMI FL 33186-6715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1552261

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

SIEGFRIED, STEVEN
201 ALHAMBRA CIR.
#1102
MIAMI FL 33134

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TD
STREET ADDRESS EMMANUELLI, YVONNE E
CITY-ST-ZIP 8002 SW 133 PLACE
MIAMI FL 33183

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS JOSE A. NIEVES
CITY-ST-ZIP 13440 S.W. 82 ST
MIAMI FL 33183

TITLE ☐ Delete
NAME D
STREET ADDRESS RAPP, BARBARA L
CITY-ST-ZIP 13110 SW 84TH ST
MIAMI FL 33183

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME FVPD
STREET ADDRESS THOMPSON, GEORGE
CITY-ST-ZIP 13450 SW 82ND ST
MIAMI FL 33183

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS MOSS, MILES
CITY-ST-ZIP 12900 SW 84 ST
MIAMI FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS MAER, SHERRY R
CITY-ST-ZIP 7424 SW 128TH CT
MIAMI FL 33183

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SVPD
STREET ADDRESS COHEN, SCOTT T
CITY-ST-ZIP 13611 SW 78TH ST
MIAMI FL 00000 33183

TITLE ☐ Change ☐ 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 617, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000
Date

(305) 386-3854
Daytime Phone #

CR2E037 (9/99)