

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90044 038 \*\*\*\*\*61.25

**DOCUMENT # 727273**

1. Entity Name

**WINSTON PARK ASSOCIATION, INC.**

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

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

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **RAPP, PETER**  
 STREET ADDRESS **13110 S.W 84ST**  
 CITY-ST-ZIP **MIAMI FL 33183**

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

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

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **NIÉVES, JOSE A.**  
 STREET ADDRESS **13440 S.W 82ST**  
 CITY-ST-ZIP **MIAMI FL 33183**

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

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

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

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

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:

**SCOTT T. COHEN** 02/07/02 (305) 286-3854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)