

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005769

1. Entity Name

WINDFALL VENTURES OF NEVIS, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90080 024 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O FREDERICK JANSEN  
2832 NE 17TH AVE  
WILTON MANORS FL 33334

C/O FREDERICK JANSEN  
2832 NE 17TH AVE  
WILTON MANORS FL 33334-4331

2. Principal Place of Business

3. Mailing Address

1995 E OAKLAND PK BLVD 1995 E OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

250

250

City & State

City & State

OAKLAND PK, FL

OAKLAND PK, FL

Zip

Country

Zip

Country

33306

Broward

33306

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANSEN, FREDERICK  
2832 NE 17TH AVE  
WILTON MANORS FL 33334

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JANSEN, FREDERICK 2832 NE 17TH AVE WILTON MANORS FL 33334	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Frederick Jansen* 3-20-00 954 630-3348

CR 10/14/99