

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90076 012 ***158.75

DOCUMENT # F99000005769

1. Entity Name
WINDFALL VENTURES OF NEVIS, INC.

Principal Place of Business
1995 E OAKLAND PK BLVD
250
OAKLAND PK FL 33306

Mailing Address
1995 E OAKLAND PK BLVD
250
OAKLAND PK FL 33306

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

NOT APPLICABLE

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

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

Name
Edward DeNigris

Street Address (P.O. Box Number is Not Acceptable)
1995 E. Oakland Park Blvd

City
Oakland Park FL Zip Code
33306

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 **Edward DeNigris**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/19/2002

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, 2002 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
PT ☒ Delete
NAME
JANSEN, FREDERICK
STREET ADDRESS
2832 NE 17TH AVE
CITY-ST-ZIP
WILTON MANORS FL 33334

TITLE
PT ☒ Change ☐ Addition
NAME
DeNigris, Edward
STREET ADDRESS
1995 E. Oakland Park Blvd
CITY-ST-ZIP
Oakland Park, FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Edward DeNigris**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/2002

954 630-3348

Date

Daytime Phone #

CR2E034 (9/01)