2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2002 8:00 am Secretary of State K04421 DOCUMENT # 1. Entity Name WINJO ENTERPRISES, INC. 04-24-2002 90382 006 ***150 Principal Place of Business Mailing Address 3101 NORTH FEDERAL HIGHWAY 3101 NORTH FEDERAL HIGHWAY SUITE 601 SUITE 601 FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0024302 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 AMATURO, JOSEPH C. Street Address (P.O. Box Number is Not Acceptable) 3101 NORTH FEDERAL HIGHWAY SUITE 601 FT. LAUDERDALE FL 33306 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE amaturo, Joseph C. NAME NAME 3101 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition AMATURO, WINIFRED J. NAME 3101 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 repelver 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 attackingent with an address with all other like empowered. changed, or on an attacj ith all other like empowered. Joseph C. Amaturo, President 954-565-14

SIGNATURE: