2000 UNIFORM BUSINESS REPORT (UBR)

(1)

DOCUMENT # L99000008854

1. Entity Name

WINDSOR-BANYAN INSTITUTE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -8 PM 1:02

Principal Place of Business	Mailing Address
2717 DOLPHIN DRIVE MIRAMAR FL 33025	2717 DOLPHIN DRIVE MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 210
City & State	City & State MTL QC
Zip / Country	Zip H1X 1K2 / Country CANADA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. WILLIAM SMITH MANAGER 911 EAST 54 ST BROOKLYN NY 11234 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. J WARREN PROPHETE MANAGING MEMBER 3300 ROSEMONT SUITE 210 MEMBER MTL QC H1X 1K2 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003478813--8 -11/28/00--01035--014 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. BERRY JOCELYN MANAGER 911 EAST 54 ST BROOKLYN NY 11234 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003478913--8 -11/28/00--01095--015 ******9.00 ******5.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUBIN-CADET MARIGUILANGE ADMINISTRATOR - MANAGING MEMBER 3300 ROSEMONT SUITE 210 MTL QC ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

514-727-7211

SIGNATURE: SIGNATURE REQUIRED PROPHETE J WARREN SEPT 2--
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #