

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90079 044 ***158.75

DOCUMENT # M35060

1. Entity Name
WINSTON PROPERTIES, INC.

Principal Place of Business

P O BOX 110539
 MIAMI FL 33111
 US

Mailing Address

P O BOX 110539
 MIAMI FL 33111
 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 **59-2758621**

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

KAUFLER, RONALD
8990 SW 58TH AVENUE
MIAMI FL 33156

Name **KAUFLER, RONALD**
 Street Address (P.O. Box Number is Not Acceptable)
6501 SW 92ND STREET
 City **MIAMI** **FL** Zip Code **33156**

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
Tax filing requirement and elects to do so.
After MAY 1, 2001 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 ☐ Delete
 NAME **SD KAUFLER, RONALD**
 STREET ADDRESS **6501 SW 92ND ST**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME **PD KAUFLER, RICHARD**
 STREET ADDRESS **690 NE 175 ST.**
 CITY-ST-ZIP **N MIAMI BCH. FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. BOX 110539**
 CITY-ST-ZIP **MIAMI FL 33111**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2001 305 372 7028

Date

Daytime Phone #

CR2E034 (10/00)