2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 28, 2001 8:00 am Secretary of State DOCUMENT # M47444 WINCORP INTERNATIONAL, INC. 02-28-2001 90065 017 ***150.00 Principal Place of Business Mailing Address 10025 NW 116 WAY 10025 NW 116 WAY SUITE 14 SUITE 14 MEDLEY FL 33178 MEDLEY FL 33178 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2788629 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEVY, PAUL A. Street Address (P.O. Box Number is Not Acceptable) 16160 NW 9 DR. PEMBROKE PINES FL 33024 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	☐ Delete	TITLE		☐ Change	Addition
NAME	LEVY. ROBERT EARL		NAME			
STREET ADDRESS	15 HOPE RD.		STREET ADDRESS			
CITY-ST-ZIF	KINGSTON 10, JAMAICA		CITY-ST-ZIP			
TITLE	DVT	☐ Delete	TITLE		Change	☐ Addition
NAME	HEADLEY, LEON		NAME			
STREET ADDRESS	15 HOPE RD.		STREET ADDRESS			
CITY-ST-ZIP	KINGSTON 10, JAMAICA		CITY-ST-ZIP		_	
TITLE	D\$	☐ Delete	TITLE		Change	☐ Addition
NAME	LEVY, PAUL		NAME			
STREET ADDRESS	10025 NW 116 WY # 14		STREET ADDRESS			
CITY-ST-ZIP	MEDLEY FL 33178		CITY-ST-ZIP			
TITLE	D	Delete	TITLE		Change	Addition
NAME	WILDISH, ANDY		NAME			
STREET ADDRESS	15 HOPE RD		STREET ADDRESS			
CITY-ST-ZIP	KINGSTON 10 JA		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Director Christopher Levy 15 Hope Road	☐ Change	Addition
NAME			NAME	Christopher Levy		
STREET ADDRESS			STREET ADDRESS	15 Hope Road		
CITY-ST-ZIP			CITY-ST-ZIP	Kingston 10 Jamaica		
TITLE		☐ Delete	TITLE	<u> </u>	Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filling 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						

NING OFFICER OR DIRECTOR

changed, or on an attachment with an

SIGNATURE: