

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031645 AB

DOCUMENT # M99000000016

1. Entity Name  
WIN-STUFF, LLC

Principal Place of Business  
47-00 33RD STREET  
LONG ISLAND CITY NY 11101

Mailing Address  
47-00 33RD STREET  
LONG ISLAND CITY NY 11101

2. Principal Place of Business  
47-00 33rd St

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Long Island City NY

City & State

Zip  
11101

Country

Zip

Country

4. FEI Number 58-2431168

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET, SUITE 2  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM WIN STUFF, LLC ☐ Delete  
STREET ADDRESS 47-00 33RD STREET  
CITY-ST-ZIP LONG ISLAND CITY NY 11101

TITLE NAME CEO ☐ Delete  
NAME Sidney Baron  
STREET ADDRESS 47-00 33rd St  
CITY-ST-ZIP Long Island City, NY 11101

TITLE NAME Cfo ☐ Delete  
NAME Carol Soman-Drattell  
STREET ADDRESS 47-00 33rd St  
CITY-ST-ZIP Long Island City, NY 11101

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

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

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

718-937-3333

01 MAR 26 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)