

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000000000561**

1. Entity Name

WIN, A World of Interactive Neighbors, Corp.

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

06-05-2001 90031 045 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2180 NW 18th Ave., Suite A-6  
Pompano Beach, Florida 33069

00057705

2. Principal Place of Business

2180 NW 18th Ave.

3. Mailing Address

2180 NW 18th Ave.

Suite, Apt. #, etc.

Suite A-6

Suite, Apt. #, etc.

Suite A-6

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Dominick Richard Rizzo  
2180 NW 18th Ave.  
Suite A-6  
Pompano Beach, Florida 33069

7. Name and Address of New Registered Agent

Name Dominick Richard Rizzo  
Street Address (P.O. Box Number is Not Acceptable)  
2180 NW 18th Ave.  
Suite A-6  
City Pompano Beach FL Zip Code 33069

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

*Dominick Rizzo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/28/01

**FILE NOW**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> Delete
NAME	Dominick Richard Rizzo	
STREET ADDRESS	2180 NW 18th Ave., Suite A-6	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Mancaw	
STREET ADDRESS	2180 NW 18th Ave. Apt. A-6	
CITY-ST-ZIP	Pompano Beach, Florida 33069	
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Rizzo	
STREET ADDRESS	2180 NW 18th Ave. Suite A-6	
CITY-ST-ZIP	Pompano Beach, Florida 33069	
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol King	
STREET ADDRESS	6751 NW 21st Street	
CITY-ST-ZIP	Margate, Florida 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwards Lee Church	
STREET ADDRESS	428 Orchard View Lane	
CITY-ST-ZIP	Lakemont, Georgia 30552	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Owen	
STREET ADDRESS	3319 Jon Jon Drive	
CITY-ST-ZIP	Orlando, Florida 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Schippert	
STREET ADDRESS	111 West End Ave.	
CITY-ST-ZIP	Island Heights, N.J. 08732	

12. 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 the 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dominick Rizzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/01 954-202-8282

Date

Daytime Phone ext. 4

CR2E037 (11/00)