

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-14-2002 90339 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N.O 1 0000 04119

1. Entity Name

Winners Mission, Inc

DO NOT WRITE IN THIS SPACE

95373

2. Principal Place of Business

1730 Main Street

Suite, Apt. #, etc.

216

3. Mailing Address

1730 main Street

Suite, Apt. #, etc.

216

DO NOT WRITE IN THIS SPACE

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-1134626

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Jeffrey E. Campion, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1730 Main Street Suite 216

City Weston

FL

Zip Code 33326

DO NOT WRITE
IN THIS SPACE

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)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Special Secretary Jeff Campion 1730 Main Street Suite 216 Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Renato Passos 1730 Main Street 216 Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cynthia M. Katerina 1730 Main Street Suite 216 Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dix Johnson 1730 Main Street Suite 216 Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leonard Avelar 1730 Main Street Suite 216 Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

954-385-2355

Daytime Phone #

CR2E034B (12/01)