

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007553

1. Entity Name

WING AFFAIR, INC.

Principal Place of Business

7522 WEST COURTYARD RUN
BOCA RATON FL 33433

Mailing Address

7692 WEST COURTYARD RUN
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5969 NW 21 street
Lauderhill FLORIDA
33313 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1152577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHNIADOSKI, ISIDOR
4610 ALTON ROAD
MIAMI BEACH FL 33140

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	LORETO, SERGIO P	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		7692 WEST COURTYARD RUN	
CITY-ST-ZIP		BOCA RATON FL 33433	
TITLE	D	SHNIADOSKI, ISIDOR	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4610 ALTON RD.	
CITY-ST-ZIP		MIAMI BEACH FL 33140	
TITLE	D	NATELSON, SHERYL S	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4700 SHERIDAN STREET, BUILDING J	
CITY-ST-ZIP		HOLLYWOOD FL 33021	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90353 015 ****61.25

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CR2E037 (9/01)