

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004845

1. Entity Name

P.W.I.N., INC.

Principal Place of Business

1236 SW 7TH ST
SUITE 6
MIAMI FL 33135

Mailing Address

P.O. BOX 113235
MIAMI FL 33111-3235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1002890

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SANTIAGO, CARMEN
1236 SW 7 ST
6
MIAMI FL 33135

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BELLO, MARIA	
STREET ADDRESS	PO BOX 113235	
CITY-ST-ZIP	MIAMI FL 33111-3235	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIMENEZ, ALEXANDRA	
STREET ADDRESS	PO BOX 113235	
CITY-ST-ZIP	MIAMI FL 33111-3235	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROQUE, MIRIAM	
STREET ADDRESS	PO BOX 113235	
CITY-ST-ZIP	MIAMI FL 33111-3235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACEVEDO, SIRTO	
STREET ADDRESS	PO BOX 113235	
CITY-ST-ZIP	MIAMI FL 33111-3235	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, NANCY	
STREET ADDRESS	PO BOX 113235	
CITY-ST-ZIP	MIAMI FL 33111-3235	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAVARRO, IVETTE	
STREET ADDRESS	PO BOX 113235	
CITY-ST-ZIP	MIAMI FL 33111-3235	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan William	
STREET ADDRESS	P.O. Box 113235	
CITY-ST-ZIP	MIAMI FL 33111-3235	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Griselle Rodriguez	
STREET ADDRESS	P.O. Box 113235	
CITY-ST-ZIP	MIAMI - FL 33111-3235	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisco Roca	
STREET ADDRESS	P.O. Box 113235	
CITY-ST-ZIP	MIAMI - FL 33111-3235	
TITLE	Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa Arbelo	
STREET ADDRESS	P.O. Box 113235	
CITY-ST-ZIP	MIAMI - FL	
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
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90299 035 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)