

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90133 024 ***150.00

DOCUMENT # *P00000071261*

1. Entity Name
WIN CITY CORP

DO NOT WRITE IN THIS SPACE

830470

2. Principal Place of Business
4310 NW 79th AVE

3. Mailing Address
4310 NW 79th AVE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
ID

Suite, Apt. #, etc.
ID

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1070292

☐ Applied For
☐ Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *HARUEL POLINA*

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

10026 HAYHOCKS BLVD Ste #205

City *Miami*

FL

Zip Code *33196*

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

HARUEL POLINA

01/31/02

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
P. RUBEN PIRELA
4310 NW 79th AVE #1D
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ENIGEL YENDOKA
4310 NW 79th AVE #1D
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**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)(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 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

01/31/02

DATE

Daytime Phone #

13051994-1431

CR2E034B (12/01)