

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90180 021 \*\*\*150.00

DOCUMENT # P 00000097317

1. Entity Name

WINDSOR INTERNATIONAL, INC. ✓

Principal Place of Business: 10357 SW 165th COURT, Miami, FL 33196  
 Mailing Address: 10357 SW 165th COURT, MIAMI, FL 33196

A0065520

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: 65-1052634  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MICHAEL F. ROSS  
 10357 SW 165th COURT  
 MIAMI, FL 33196

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:

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D Michael F. ROSS	<input type="checkbox"/> Delete
NAME	10357 SW 165th COURT	
STREET ADDRESS	MIAMI, FL 33196	
CITY-ST-ZIP		
TITLE	D JEAN L. ROSS	<input type="checkbox"/> Delete
NAME	10357 SW 165th COURT	
STREET ADDRESS	MIAMI, FL 33196	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael F. Ross  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01 954-457-0970  
 Date Daytime Phone #

CR2E034 (11/00)