

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90139 030 \*\*\*150.00

0022720 AV

**DOCUMENT # P00000113813**

1. Entity Name

**T & D WINNERS CORP.**

Principal Place of Business

1500 BAY ROAD  
SUITE 1024  
MIAMI FL 33139

Mailing Address

1500 BAY ROAD  
SUITE 1024  
MIAMI FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

168 S.E. 1st Street  
Suite, Apt. #, etc  
#1108

3. Mailing Address

168 S.E. 1st Street  
Suite, Apt. #, etc  
#1108

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 65-1065477

Applied For  
Not Applicable

Zip Country  
33139 USA

Zip Country  
33139 USA

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

6. Name and Address of Current Registered Agent

CASCAIS, TANIA  
1500 BAY ROAD  
SUITE 1024  
MIAMI FL 33139  
168 S.E. 1st Street  
#1108  
MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
168 S.E. 1st Street #1108  
City MIAMI, FL Zip Code 33139

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 Tania (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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASCAIS, TANIA M	
STREET ADDRESS	1500 BAY ROAD SUITE 1024 914	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEMES, DINAH M	
STREET ADDRESS	1500 BAY ROAD SUITE 1024 914	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOS SANTOS, BRANCA B	
STREET ADDRESS	1500 BAY ROAD SUITE 1024 914	
CITY-ST-ZIP	MIAMI FL 33139	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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: Tania PRESIDENT. 02/26/02 (305) 374-8840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)