

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90008 028 ***150.00

DOCUMENT # P01000040646

1. Entity Name
WINFAIR, CORP.

Principal Place of Business
5625 NW 109 AVE #60
MIAMI FL 33178

Mailing Address
5625 NW 109 AVE #60
MIAMI FL 33178

2. Principal Place of Business
200 LAKE CAROL DR.
 Suite, Apt. #, etc.

3. Mailing Address
200 LAKE CAROL DR.
 Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL
 Zip
33411 Country
USA

City & State
WEST PALM BEACH, FL
 Zip
33411 Country
USA

4. FEI Number
65-1096840

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGO, GUSTAVO A
5625 NW 109 AVE #60
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name
RODRIGO, GUSTAVO A.
 Street Address (P.O. Box Number is Not Acceptable)
5625 NW 109 AVE #60
 City **MIAMI** FL **33178**

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 **1/28/2002**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
 NAME **VTD TAMI, OSCAR G** ☐ Delete
 STREET ADDRESS **5625 NW 109 AVE #60**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE
 NAME **PDF RODRIGO, GUSTAVO A** ☐ Delete
 STREET ADDRESS **5625 NW 109 AVE #60**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **TAMI, OSCAR G** ☒ Change ☐ Addition
 STREET ADDRESS **5625 NW 109 AVE #60**
 CITY-ST-ZIP **MIAMI, FL - 33178**

TITLE
 NAME **PDF RODRIGO, GUSTAVO A** ☒ Change ☐ Addition
 STREET ADDRESS **5625 NW 109 AVE #60**
 CITY-ST-ZIP **MIAMI, FL - 33178**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)