## **2003 FOR PROFIT CORPORATION**

**UNIFORM BUSINESS REPORT (UBR)** 

**DOCUMENT #** 

P01000058157

1. Entity Name

WINDSOR SALES CORP



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90372 015 \*\*\*150.00

WINDOON CALLO COM .									
Principal Place of Business 46 SW 1ST ST., 4TH FLOOR MIAMI FL 33130		Mailing Address 46 SW 1ST ST., 4TH FLOOR MIAMI FL 33130							
2. Principal Place of Business		3. Mailing Address			-  I TOBELLOBA IIA ORIBA FLORI DORLA DR. 		181 H881	Aliki ibbi ibbi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-1109721		Applied For Not Applicable		}
Zip Country		Zip	Zip Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re	gistered Agent			1
	المال السبية لم تشبيه والمحاد براء به ال			Name	الهامدسية			- •	
ALFARO, MARIA E 46 SW 1ST ST., 4TH FLOOR		s		Street Address (	Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	. 33130				•				
				City		FL Zi	p Code	<del></del>	-
8. The above	named entity submits this statement for	the purpose of changing	g its registere	ed office or register	red agent, or both, in the State of Flor	ida. I am familia	r with,	and accept	1
the obligat	ions of registered agent.								
SIGNATURE.									
·	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered	d Agent signature required	d when reinstating)	DATE			]
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Fina Trust Fund Contribution		<b>\$5.0</b> ( Added	May Be to Fees	
10.	OFFICERS AND	<u></u>	11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS	S IN 11	ł
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NAME	BARTEL, STANLEY J		NAMI	E		· <del>-</del> -	ŭ		CR2E034 (10/02
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NAME	BARTEL, KAREN		NAME	- 1					
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12 I baraby a	ertify that the information supplied with	this filips does not suchlife	. for the	matics stated in Co	etion 110 07(0)(i) Elevida Statutos Li		4 11 3-	f======	i

I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #