

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90214 026 \*\*\*150.00  
06-18-2003 90021 039 \*\*\*\*\*8.75

**DOCUMENT #** P02000062678

**1. Entity Name**  
WINNS U.S.A. ENTERPRISES, INC

**Principal Place of Business**  
5901 NW 16 CT  
SUNRISE FL 33313

**Mailing Address**  
5901 NW 16 CT  
SUNRISE FL 33313

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
PO Box 292425  
Suite, Apt. #, etc.  
DAVIE FL

**City & State**  
City & State

**Zip**  
33329

**Country**  
Country

**6. Name and Address of Current Registered Agent**  
RAMDAS, MOHAN  
5901 NW 16 CT  
SUNRISE FL 33313

**7. Name and Address of New Registered Agent**  
Name: Mohan Ramdas  
Street Address (P.O. Box Number is Not Acceptable)  
2844 NW 55th AVE APT 2B  
Lauderhill FL  
City: FL Zip Code: 33313

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** [Signature]  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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 Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Mohan Ramdas 2844 NW 55th AVE APT 2B Lauderhill FL 33313	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> Mohan Ramdas 2844 NW 55th AVE APT 2B Lauderhill FL 33313	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> Mohan Ramdas 2844 NW 55th AVE APT 2B Lauderhill FL 33313	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date:** 04/29/03  
**Daytime Phone #**

CR2E034 (10/02)