2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/10/03--01007--030 **158.75

DOCUMENT # P02000083007

1. Entity Name
WINKELMAR, INC.

Principal Place of Business	Mailing Address
22	

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2234 N Federal HWY	2234 N Federal HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. FEI Number: X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARQUEZ, MARIADELA 903 CYPRESS GROVE DR. NO. 106 POMPANO BEACH, FL 33069	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILING FEE IS $150.00
ANNUAL REPORT FEE IS $150.00
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARQUEZ, JORGE A SR. 2234 N Federal HWY Boca Raton, FL 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARQUEZ, MARIADELA 903 CYPRESS GROVE DR., NO. 106 POMPANO BEACH, FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARQUEZ, MARIADELA 903 CYPRESS GROVE DR., NO. 106 POMPANO BEACH, FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: by T.Baez as attorney-in-fact 7/2/03 305-672-0686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/3

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Winkelmar Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150.00 check payable to Florida Department of State
   +8.75

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____
by T. Baez as attorney-in-fact

Name: Jorge Marquez, Sr.

Title: President

Date: 7/2/03