

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083007

1. Entity Name
WINKELMAR, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

2234 N Federal HWY

3. Mailing Address

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when terminating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARQUEZ, JORGE A SR.
STREET ADDRESS 2234 N Federal HWY
CITY-STATE-ZIP Boca Raton, FL 33431 ☐ Delete

TITLE T
NAME MARQUEZ, MARIADELA
STREET ADDRESS 903 CYPRESS GROVE DR., NO. 106
CITY-STATE-ZIP POMPAÑO BEACH, FL 33069 ☐ Delete

TITLE S
NAME MARQUEZ, MARIADELA
STREET ADDRESS 903 CYPRESS GROVE DR., NO. 106
CITY-STATE-ZIP POMPAÑO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/03

305-672-0686

Date

Current Phone #

7/13

CR20034 (10/02)

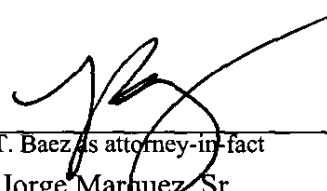
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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