

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90147 045 ***150.00

DOCUMENT # P02000126152

1. Entity Name
WINDSOR INVESTMENTS, INC.



Principal Place of Business
P O BOX 16866
PLANTATION FL 33318

Mailing Address
P O BOX 16866
PLANTATION FL 33318



2. Principal Place of Business
2151 W. Hillsboro
Suite, Apt. #, etc.
Suite 211
City & State
DEERFIELD BCH, FL.
Zip
33442
Country
USA

3. Mailing Address
2151 W. Hillsboro Blvd
Suite, Apt. #, etc.
Suite 211
City & State
DEERFIELD BCH, FL.
Zip
33442
Country
USA

4. FEI Number
EIN 56-2309680
Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY ESQ
1152 N UNIVERSITY DR
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, BARRY I	
STREET ADDRESS	P O BOX 16866	
CITY-ST-ZIP	PLANTATION FL 33318	
TITLE	RONALD KATZ - PRES.	<input type="checkbox"/> Delete
NAME	6916 CHIMERE TERR.	
STREET ADDRESS	BOYNTON BEACH, FL.	
CITY-ST-ZIP	33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: RONALD KATZ 3/4/03 954-481-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)