

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-28-2005 90225 037 ***158.75
P04000083039

DOCUMENT # **P04000083039**

1. Entity Name

SURE-WIN, INC.



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14006864

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 ST. CHARLES PLACE

Suite, Apt. #, etc.

APT. 506

City & State

PEMBROKE PINES, FL.

Zip

33026

Country

U.S.A.

3. Mailing Address

1000 ST. CHARLES PLACE

Suite, Apt. #, etc.

APT. 506

City & State

PEMBROKE PINES, FL.

Zip

33026

Country

U.S.A.

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4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RHODA SHERWIN

Street Address (P.O. Box Number is Not Acceptable)

1000 ST. CHARLES PLACE

APT. 506

City

PEMBROKE PINES

FL

Zip Code

33026

**DO NOT WRITE
IN THIS SPACE**

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 signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.28

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT (P)
RHODA SHERWIN
1000 ST. CHARLES PLACE, APT. 506
PEMBROKE PINES, FL. 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhoda Sherwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 26/05

DATE

**954-
476-1557**

DAYTIME PHONE #

CR2E034B (12/02)