

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90049 033 ***150.00

DOCUMENT # P93000017403

1. Entity Name

WINNING CIRCLE CORP.

Principal Place of Business

Mailing Address

2425 NE 195TH ST
 NORTH MIAMI BEACH FL 33180

2425 NE 195TH ST
 NORTH MIAMI BEACH FL 33180-2160

2. Principal Place of Business

3. Mailing Address

20725 NE 16th Ave
 Suite, Apt. #, etc. A-31

20725 NE 16th Ave
 Suite, Apt. #, etc. A-31

City & State
 North Miami Beach, FL
 Zip 33179 Country

City & State
 North Miami Beach, FL
 Zip 33179 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0397346

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

JACOBY, SASSON
 2425 NE 195TH ST
 NORTH MIAMI BEACH FL 33180

Name *Sasson Jacoby*
 Street Address (P.O. Box Number is Not Acceptable)
 20725 NE 16th Ave Suite A 31
 City North Miami Beach, FL Zip Code 33179

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.

SIGNATURE *X S. Jacoby*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBY, SASSON 2425 NE 195TH ST NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X S. Jacoby*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/2000 305-655-1955

CR2E034 (9/99)