


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2003 8:00 am**  
**Secretary of State**

08-12-2003 90019 006 \*\*\*150.00

0062430 AV

**DOCUMENT #** P93000017403  
1. Entity Name  
**WINNING CIRCLE CORP.**



Principal Place of Business  
**20725 NE 16TH AVE  
A-31  
N MIAMI BEACH FL 33179**

Mailing Address  
**20725 NE 16TH AVE  
A-31  
N MIAMI BEACH FL 33179**



2. Principal Place of Business  
Suite, Apt., #, etc. **#A-48**

3. Mailing Address  
Suite, Apt., #, etc. **#A-48**

CHECK HERE IF MAKING CHANGES

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

**JACOBY, SASSON  
20725 NE 16TH AVE  
A-31  
N MIAMI FL 33179**

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JACOBY, SASSON<br/>2425 NE 195TH ST<br/>NORTH MIAMI BEACH FL 33180</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)



*Attachments*  
**HOFFMAN, LEVY, BENGIO & COHEN, PL.**  
*Certified Public Accountants and Consultants*

2525 N. STATE ROAD 7 • SUITE 115  
HOLLYWOOD, FL 33021  
TEL: (954) 966-1141 • FAX: (954) 966-2474

80137911  
PA3000017403

August 8, 2003

Department of state  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: WINNING CIRCLE CORP. - Corporation renewal

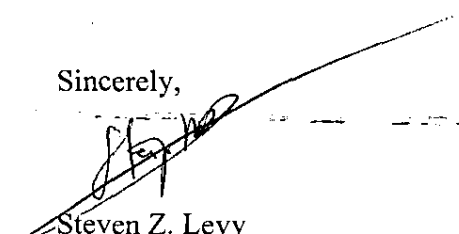
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the first notice renewal form may be due a change of address. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my renewal form with my fee of \$150.00 for the years 2003.

Thank you very much for your help and understanding.

Sincerely,

  
Steven Z. Levy