

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90097 039 ***150.00

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DOCUMENT # P94000022582

1. Entity Name
WINNER ASSOCIATES, INC.



Principal Place of Business
**4801 S. UNIVERSITY DR STE 111
DAVIE FL 33328**

Mailing Address
**4801 S. UNIVERSITY DR STE 111
DAVIE FL 33328**



2. Principal Place of Business
4801 S. University Dr.

3. Mailing Address
4801 S. University Dr.

Suite, Apt. #, etc.
Suite 3100

Suite, Apt. #, etc.
Suite 3100

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number
65-0477912

Applied For
Not Applicable

Zip
33328

Country
Broward

Zip
33328

Country
Broward

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

**WINNER, JOYCE
10110 SW 15 PLACE
DAVIE FL 33324**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
WINNER, MARTIN
4801 UNIVERSITY DRIVE SUITE 3100
DAVIE FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
WINNER, JOYCE
4801 SOUTH UNIVERSITY DRIVE SUITE 3100
DAVIE FL 33328**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

954-680-5773

Daytime Phone #

CR2E034 (10/02)