

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000027320

1. Entity Name

WINWRITE ASSOCIATES, INC.

Principal Place of Business

8215 N.W. 201 STREET  
MIAMI LAKES FL 33015

Mailing Address

8215 N.W. 201 STREET  
MIAMI LAKES FL 33015-5927

2. Principal Place of Business

14345 NW 15 St

Suite, Apt. #, etc.

3. Mailing Address

14345 NW 15 St

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

65-0576564

Applied For

Not Applicable

Zip

33028

Country

Broward

Zip

33028

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARZOUCA, JACOB  
8215 N.W. 201 STREET  
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

Name MARZOUCA, JACOB

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

14345 NW 15 St.

City Pembroke Pines

FL

Zip Code

33028

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00

DATE

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

TITLE D  
NAME GOODWIN, MARGARET A  
STREET ADDRESS 13325 S.W. 109 COURT  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D  
NAME MARZOUCA, JACOB  
STREET ADDRESS 8215 N.W. 201 STREET  
CITY-ST-ZIP MIAMI LAKES FL 33015 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90214 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)