

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027320

1. Entity Name
WINWRITE ASSOCIATES, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90034 027 ***150.00

Principal Place of Business
14345 NW 15 ST
PEMBROKE PINES FL 33028

Mailing Address
14345 NW 15 ST
PEMBROKE PINES FL 33028

759191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17137 Pines Blvd
Suite, Apt. #, etc.

3. Mailing Address
17137 Pines Blvd
Suite, Apt. #, etc.

City & State
Pembroke Pines FL
Zip
33027 Country

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Pembroke Pines
Zip
33027 Country

4. FEI Number 65-0576564

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

MARZOUCA, JACOB
14345 NW 15 ST
PEMBROKE PINES FL 33028

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.

SIGNATURE JACOB MARZOUCA 4/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	GOODWIN, MARGARET A	
STREET ADDRESS	13325 S.W. 109 COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARZOUCA, JACOB	
STREET ADDRESS	8215 N.W. 201 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, WILLIAM	
STREET ADDRESS	13325 SW 109 COURT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

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: JACOB MARZOUCA 4/21/01 954 704 0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)