

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000027320

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: WINWRITE ASSOCIATES, INC.

## Current Principal Place of Business:

17137 PINES BLVD  
HOLLYWOOD, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

17137 PINES BLVD  
HOLLYWOOD, FL 33027

## New Mailing Address:

FEI Number: 65-0576564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARZOUCA, JACOB  
14345 NW 15 ST  
PEMBROKE PINES, FL 33028

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOODWIN, MARGARET A  
Address: 13325 S.W. 109 COURT  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: MARZOUCA, JACOB  
Address: 8215 N.W. 201 STREET  
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete  
Name: GOODWIN, WILLIAM  
Address: 13325 SW 109 CT  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB MARZOUCA

PRES

04/30/2002

Electronic Signature of Signing Officer or Director

Date