2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000006373 **DOCUMENT #**



Apr 15, 2003 8:00 am Secretary of State
04-15-2003 90110 041 ***158.75

WINGSAIL U.S.A., INC.						04-13-2003 901	110 041 *** 136	
Principal Place of Business 10455 NW 12 STREET MIAMI FL 33172			Mailing Address 10455 NW 12 STREET MIAMI FL 33172		I INTERNATE INTERNATE INTERNATE AND ARTHURS.	## 66 ## 46 # # 8 ## 6	1 4 0 00 1 0 10 10 10 10 10 10 10 10 10 10 10 10 10	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 65-0644628	├	Applied For Not Applicable	
Zip Country		Zip				\$8.75 Ac Fee Requir	dditional red	
6. Name and Address of Current Regis			nt Registered Agent	Itered Agent Name		7. Name and Address of New Registered Agent		
ESSERMA	N, RONALD							
10455 NW 12 STREET					Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33172								
1916 and 1 E 0017 E					City Zip Code			
	e named entity tions of registe		for the purpose of changing	g its registere	ed office or regist	ered agent, or both, in the State of Florida	a. I am familiar with	n, and accept
SIGNATURE	Signature, typed o	r printed name of registered age	nt and title if applicable.	(NOTE: Registered	d Agent signature requir	ed when reinstating)	DATE	
F	ILE NOW!!!	FEE IS \$150.00				9. Election Campaign Finance	ing C E	00
		3 Fee will be \$550.00 Florida Department				Trust Fund Contribution.		00 May Be ed to Fees
10.	Tee .	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	DE AND DIRECTOR	RS IN 11
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12. I hereby certify that the information supplied with this filing does not goalify 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 curate 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 truetee empowered of 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 e empowered.

SIGNATURE:

TE REMINDEN FED NAME OF SIGNING OFFICER OR DIRECTOR