

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-27-2003 90316 004 ***150.00

DOCUMENT # P97000069025

1. Entity Name
ANDREW Y. WINSTON, P.A.



Principal Place of Business
**2701 W OAKLAND PARK BLVD
STSE 100
FORT LAUDERDALE FL 33334**

Mailing Address
**2701 W OAKLAND PARK BLVD
STSE 100
FORT LAUDERDALE FL 33334**

2. Principal Place of Business
2701 W OAKLAND PARK BLVD

3. Mailing Address
(SAME AS 2)

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE , FL

City & State

4. FEI Number **65-0781027**

Applied For
Not Applicable

Zip Country
33311 BROWARD

Zip Country

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

**WINSTON, ANDREW Y.
2701 W OAKLAND PARK BLVD
STE 100
FORT LAUDERDALE FL 33334**

Name
ANDREW Y. WINSTON

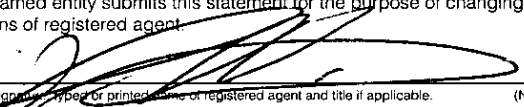
Street Address (P.O. Box Number is Not Acceptable)
2701 W OAKLAND PARK BLVD.

SUITE 100

City
FORT LAUDERDALE

FL Zip Code
33311

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  DATE **01/23/2003**

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 **D** ☐ Delete
NAME **WINSTON, ANDREW Y**
STREET ADDRESS **2701 W OAKLAND PARK BLVD SUITE 100**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 officer or trustee empowered.

SIGNATURE  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2003

(954) 525-2345

Date

Daytime Phone #

CR2E034 (10/02)