FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90091 035 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000009963

1. Entity Name

WINDMILL SCIENTIFIC CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4210 N.W. 4th Street	4210 N.W. 4th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33126	City & State: Miami, FL 33126
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0820422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CRISONINO, RICHARD A ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2534 S.W. 6th Street

City: Miami FL Zip Code: 33135

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when right altering)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) XX

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	BARCALA, ROBERTO P JR.
STREET ADDRESS	4210 N.W. 4th Street
CITY-ST-ZIP	~~Miami, FL 33126~~
TITLE	P
NAME	BARCALA, ANDREA B
STREET ADDRESS	4210 N.W. 4th Street
CITY-ST-ZIP	Miami, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea B Barcala Andrea B. Barcala President 4/24/02 (305)444-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #