

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062998

1. Entity Name

WINDSOR GLOBAL EQUITIES, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90020 021 \*\*\*150.00

Principal Place of Business

950 N FEDERAL HWY  
SUITE 201  
POMPANO BEACH FL 33062  
US

Mailing Address

950 N FEDERAL HWY  
SUITE 201  
POMPANO BEACH FL 33483-3330  
US

2. Principal Place of Business

2101 Corporate Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

415

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33431

6. Name and Address of Current Registered Agent

BROOKS, ROBERT  
950 N FEDERAL HWY  
SUITE 201  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name Brooks, Robert

Street Address (P.O. Box Number is Not Acceptable)  
2101 Corporate Blvd

Suite 415

City Boca Raton

FL

Zip Code 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-2000

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, 2000 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

TITLE P  
NAME BROOKS, ROBERT K  
STREET ADDRESS 950 N FEDERAL HWY STE 201  
CITY-ST-ZIP POMPANO BEACH FL 33062

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Robert Brooks  
STREET ADDRESS 3991 Cocoplum Circle  
CITY-ST-ZIP Coconut Creek, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2000

CR2E034 (9/99)