

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

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90221 021 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

WINSTON ENTERPRISES INC.

65-0944087

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19710 NW 9th DR

Suite, Apt. #, etc.

3. Mailing Address

19710 NW 9th DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0944087

Applied For

Not Applicable

Zip

33029

Country

US

Zip

33029

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WINSTON BRAMWELL

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

19710 NW 9th DRIVE

City

PEMBROKE PINES FL

Zip Code

33029

**DO NOT WRITE  
IN THIS SPACE**

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

*Winston Bramwell*

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

(NOTE: Registered Agent Signature required when reinstating)

5/31/02

DATE

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

RENEWAL FEE: \$150.00  
ANNUAL FEE: \$150.00  
AMENDED UBR: \$10.25  
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: PRESIDENT  
NAME: WINSTON BRAMWELL  
STREET ADDRESS: 19710 NW 9th DRIVE  
CITY - ST - ZIP: PEMBROKE PINES FL 33029

TITLE: VICE PRESIDENT  
NAME: CARRON BRAMWELL  
STREET ADDRESS: 19710 NW 9th DRIVE  
CITY - ST - ZIP: PEMBROKE PINES FL 33029

TITLE:   
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IN THIS SPACE**

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:

*Winston Bramwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/02

DATE

(954) 817-3805

Daytime Phone #

CR2E034B (12/01)