

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

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90065 013 ***150.00

DOCUMENT # **P99000044353**

1. Entity Name

WINMORE ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7824 C LEXINGTON CLUB BLVD

Suite, Apt. #, etc.

3. Mailing Address

7824 C LEXINGTON CLUB BLVD

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33446

Country

Zip

33446

Country

4. FEI Number

65-0919922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WINKLER, MORRIS

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

7824 C LEXINGTON CLUB BLVD

City

DELRAY BEACH

FL

Zip Code

33446

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WINKLER, MORRIS
7824 C LEXINGTON CLUB BLVD
DELRAY BEACH FL 33446**

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

SIGNATURE:

Morris Winkler **MORRIS WINKLER** **April 04 (561) 498-8786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #