

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

03

DOCUMENT # P99000057223

1. Entity Name

Windsor Professional Group, Inc.

FILED

03 MAY 14 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2401 S.W. 59 Ave

Suite, Apt. #, etc.

3. Mailing Address

2401 S.W. 59 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0946784

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mariela Romero

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

2401 S.W. 59 Ave

City

Miami

FL

Zip Code

33155

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Mariela Romero, President  
2401 SW 59 Ave  
Miami FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

600019739776  
05/22/03--01053--020 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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 #

Florida Department of State  
Secretary of State  
Division of Corporations  
Annual Report./Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-632

Re: *Windsor Professional Group.*  
Doc# *P99000057223*

Dear Sir:

As per our telephone conversation, please find a check for \$ 150.00 for the annual report of the corp. I did not receive your renewal form and I was not aware that were penalties to pay. I always pay the report on time.

Note of the new address which I think it was why I did not receive the form.

Excuse for any inconvenience waiting for your answer I remain.

Very Truly

*Mariela Romero*