

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

May 17, 2000 8:00 am
Secretary of State

03-15-2000 90039 024 ***150.00

DOCUMENT # P99000068870

1. Entity Name

WIN SPA, INC.

Principal Place of Business

Mailing Address

C/O SBAS
7777 N. DAVIE RD. EXTENSION SUITE 102B
HOLLYWOOD FL 33024

C/O SBAS
7777 N. DAVIE RD. EXTENSION SUITE 102B
HOLLYWOOD FL 33024-2523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEDIAH MIRZA
7777 N. DAVIE ROAD EXT.
SUITE 102B
HOLLYWOOD FL 33024

Name F. Leigh Phillips III

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

985 University Dr

City Coral Springs

FL

Zip Code 33071

8. The 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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PHILLIPS, F. LEIGH
STREET ADDRESS C/O SBAS
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE C
NAME F. LEIGH PHILLIPS III ☒ Change ☐ Addition
STREET ADDRESS 985 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: F. Leigh Phillips III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

954-344-4344

Daytime Phone #

CR2E034 (9/99)