## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # **P99000097378** Jun 09, 2000 8:00 am Secretary of State 1. Entity Name WINDSOR INVESTMENT GROUP, INC. 06-09-2000 90014 040 \*\*\*150.00 Mailing Address Principal Place of Business 9101 INTERNATIONAL DR. STE. 1188 9101 INTERNATIONAL DR. STE.1188 ORLANDO FL 32819-8127 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business Suite Ant. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3608360 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ebrahim Lockhart -SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 9101 International Drive Stell88 343 ALMERIA AVE. CORAL GABLES FL 33134 Zio Code 32819 CityOrlando 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 ared agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees\_ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (66/6) Addition TITLE Delete TITLE LOCKHAT, EBRAHIM M NAME NAME CR2E034 9101 INTERNATIONAL DR., STE. 1188 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JASSUB, YASMIN E NAME NAME 9101 INTERNATIONAL DR., STE. 1188 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-702 Addition □ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP CITY-ST-ZIF 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 attachmen vith all other like empowered. 04-05-00 SIGNATURE: ITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davime Phone it 44 门迷翠 i. E O COLUMN [] \$135°Z

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