

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S 44225  
 1. Entity Name  
Winnex Corporation

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**  
 05-07-2000 90039 019 \*\*\*150.00

Principal Place of Business      Mailing Address  
200 SE 15<sup>th</sup> Road      200 SE 15<sup>th</sup> Road  
# 14 G      # 14 G  
Miami, FL 33129      Miami, FL 33129

**80085163**

2. Principal Place of Business      3. Mailing Address  
200 SE 15<sup>th</sup> Road      200 SE 15<sup>th</sup> Road  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
# 14 G      # 14 G

DO NOT WRITE IN THIS SPACE

City & State      City & State  
Miami, FL      Miami, FL  
 Zip      Country      Zip      Country  
33129      USA      33129      USA

4. FEI Number      Applied For  
65-0253301      Not Applicable  
 5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Molina, Marcus  
200 SE 15<sup>th</sup> Road #14-G  
Miami, FL 33129

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<u>P</u>	<input type="checkbox"/> Delete
NAME	<u>Molina, Marcus R</u>	
STREET ADDRESS	<u>200 SE 15<sup>th</sup> Road #14G</u>	
CITY-ST-ZIP	<u>Miami, FL 33129</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Molina Marcus R      Date: 4-22-00      Daytime Phone #: (305) 860-1673  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)