

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90042 036 ***150.00

DOCUMENT # P96000026771

1. Entity Name
TRADEWIND FISHERIES, INC.

Principal Place of Business Mailing Address
5281 NE 3RD TERRACE **5281 NE 3RD TERRACE**
FT LAUDERDALE FL 33334 **FT LAUDERDALE FL 33334**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0659199** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

CLEVELAND, HARVEY K
5281 NE 3RD TERRACE
FT LAUDERDALE FL 33334

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, 2002 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 Delete
 NAME **D GATES, STEPHEN**
 STREET ADDRESS **588 PAMAELE ST**
 CITY-ST-ZIP **KAILUA HI 96734**

TITLE Change Addition
 NAME **P/D GATES, STEPHEN**
 STREET ADDRESS **4038 W. Madison Pl**
 CITY-ST-ZIP **Springfield, MO 65802**

TITLE Delete
 NAME **D GATES, LYNDA**
 STREET ADDRESS **588 PAMAELE ST**
 CITY-ST-ZIP **KAILUA HI 96734**

TITLE Change Addition
 NAME **B V/S/T/D GATES, Lynda**
 STREET ADDRESS **4038 W. Madison Pl**
 CITY-ST-ZIP **Springfield, MO 65802**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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: Linda R. Gates (Lynda R. Gates) Date 2/22/02 Daytime Phone # 417 8640559

CR2E084 (9/01)