

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 724586**

1. Entity Name

THE WINDWARD II, INC.

Principal Place of Business

**1250 N E 125TH STREET
N MIAMI FL 33161
US**

Mailing Address

**1250 N E 125TH STREET
N MIAMI FL 33161
US**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1602356

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**PADILLA, ENRIDUE D
1250 NE 125TH ST #301
N MIAMI FL 33161**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DUGALL, THOMAS M	
STREET ADDRESS	1250 NE 125TH ST	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOTRON, SANUEL	
STREET ADDRESS	1250 NE 125TH ST #200	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PADILLA, ENRIQUE D	
STREET ADDRESS	1250 N.E. 125TH ST #301	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CROW, LAURA	
STREET ADDRESS	1250 NE 125TH ST #308	
CITY-ST-ZIP	N. MIAMI FL 33161	

TITLE	D	<input type="checkbox"/> Delete
NAME	ARANDA, PAULINA	
STREET ADDRESS	1250 NE 125TH ST., #202	
CITY-ST-ZIP	N. MIAMI FL 33161	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)