2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 AM
Secretary of State

DOCUMENT# F95000002706

Entity Name: TRADEWINDS WILDLIFE CORP.

Current Principal Place of Business:

21900 SW 169TH AVE
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

21900 SW 169TH AVE
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 65-0555992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERTZ, KRISTIN
1750 SW 16TH ST.
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTDC (X) Delete
Name: CAVALIERO, BRETT
Address: 9971 SW 218 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: VDC ( ) Delete
Name: MERTZ, KRISTIN
Address: 1750 SW 16TH STREET
City-St-Zip: MIAMI, FL 33145

Title: DSC ( ) Delete
Name: POST, JAMES
Address: 9971 SW 218 TERR
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VTDC (X) Change ( ) Addition
Name: MERTZ, KRISTIN
Address: 1750 SW 16TH STREET
City-St-Zip: MIAMI, FL 33145

Title: PDSC (X) Change ( ) Addition
Name: POST, JAMES
Address: 9971 SW 218 TERR
City-St-Zip: MIAMI, FL 33190

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES POST P 02/13/2002

Electronic Signature of Signing Officer or Director Date