

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53686

1. Entity Name

WESTWIND PROPERTY CORPORATION

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90069 040 \*\*\*150.00

Principal Place of Business

2557 DAY AVE  
A  
COCONUT GROVE FL 33133  
US

Mailing Address

813 PALERMO AVE  
CORAL GABLES FL 33134-4847  
US

2. Principal Place of Business

3. Mailing Address

813 Palermo Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

US

Zip

Country

4. FEI Number

59-2313062

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

SCHREIBER, GERHARDT A., ESQUIRE  
SCHREIBER, RODON-ALVAREZ, PA  
890 SOUTH DIXIE HWY  
CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LILJEDAHN, MAGNUS  
STREET ADDRESS 813 PALERMO AVENUE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ST  
NAME LILJEDAHN, AGNETA  
STREET ADDRESS 813 PALERMO AVE  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ST  
NAME Liljedahl, Magnus  
STREET ADDRESS 813 Palermo Ave  
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

305-446-6879

Date

Daytime Phone #