

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90053 007 ***150.00

0149423

DOCUMENT # K76296

1. Entity Name

EASTWIND HOLDINGS, INC.

Principal Place of Business

**1200 BRICKELL AVE
 STE 900
 MIAMI FL 33131
 US**

Mailing Address

**1200 BRICKELL AVE
 STE 900
 MIAMI FL 33131
 US**

2. Principal Place of Business

200 South Biscayne Blvd.

3. Mailing Address

200 So. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

Suite 2000

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33131-2310

USA

33131-2310

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGIM REGISTERED AGENTS, INC.
 1200 BRICKELL AVE., STE. 900
 JMM
 MIAMI FL 33131**

Name

James M. Meyer, Esq.

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

Kilpatrick Stockton LLP

Suite 2000

200 South Biscayne Boulevard

Zip Code

33131-2310

Miami, Florida

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

James M. Meyer, Esq. March 6, 2001

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, 2001 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 **STDV** ☐ Delete
 NAME **GUTIERREZ, DIONISIO**
 STREET ADDRESS **1200 BRICKELL AVE STE 900**
 CITY-ST-ZIP **MIAMI FL**

TITLE **STDV** ☐ Change ☐ Addition
 NAME **Gutierrez, Dionisio**
 STREET ADDRESS **Suite 2000**
 CITY-ST-ZIP **200 South Biscayne Boulevard**

TITLE **P** ☐ Delete
 NAME **GUTIERREZ, ESPERANZA**
 STREET ADDRESS **1200 BRICKELL AVE STE 900**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Change ☐ Addition
 NAME **Gutierrez, Esperanza**
 STREET ADDRESS **Suite 2000**
 CITY-ST-ZIP **200 South Biscayne Boulevard**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☐ Addition
 NAME **Gutierrez, Esperanza**
 STREET ADDRESS **Suite 2000**
 CITY-ST-ZIP **200 South Biscayne Boulevard**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☐ Addition
 NAME **Gutierrez, Esperanza**
 STREET ADDRESS **Suite 2000**
 CITY-ST-ZIP **200 South Biscayne Boulevard**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)