

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-07-2001 90053 007 ***150.00

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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.
 Suite, Apt. #, etc.
Suite 2000
 City & State
Miami, Florida

3. Mailing Address
200 So. Biscayne Blvd.
 Suite, Apt. #, etc.
Suite 2000
 City & State
Miami, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0118972** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVE., STE. 900
JMM
MIAMI FL 33131

7. Name and Address of New Registered Agent
 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
Miami, Florida **33131-2310**

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 **James M. Meyer, Esq. March 6, 2001**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	STDV GUTIERREZ, DIONISIO 1200 BRICKELL AVE STE 900 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV Gutierrez, Dionisio Suite 2000 200 South Biscayne Boulevard Miami, Florida 33131-2310 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, ESPERANZA 1200 BRICKELL AVE STE 900 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P Gutierrez, Esperanza Suite 2000 200 South Biscayne Boulevard Miami, Florida 33131-2310 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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: **DGM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)