

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002988 AF

DOCUMENT # L99000000754

1. Entity Name  
TRADEWINDS PARASOL MARKETING USA, L.L.C.

00 APR 21 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
69 SW 7TH STREET  
MIAMI FL 33130

Mailing Address  
69 SW 7TH STREET  
MIAMI FL 33130-3009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0929935

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, THOMAS M ESQ  
FOWLER WHITE BURNETT HURELY BANICK & STRIC  
100 SE SECOND STREET, SUITE 17TH FLOOR  
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
O'DOWD, SEAN  
36 RUSHMERE, DOORDRIFT ROAD, CONSTANTIA  
CAPE TOWN, SOUTH AFRICA 7700

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1460 BRICKELL AVE, SUITE 200  
MIAMI, FL 33130

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/16/00

Date

305 375 0980

Daytime Phone #

CR2E083 (9/99)