

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90060 009 ***150.00

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DOCUMENT # P00000013051

1. Entity Name
TRADEWINDS HOSPITALITY SERVICES (USA) CORPORATION

Principal Place of Business 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431	Mailing Address 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431
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2. Principal Place of Business 1801 N. MILITARY TRAIL SUITE, Apt. #, etc. SUITE 200	3. Mailing Address 1801 N. MILITARY TRAIL SUITE, Apt. #, etc. SUITE 200
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431	Country USA

4. FEI Number 65-0981847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
HRAWG CORP.

Street Address (P.O. Box Number is Not Acceptable)
1801 N. MILITARY TRAIL

SUITE 200

City **BOCA RATON** **FL** **33431**

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 *Larry Coma* (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLLIDAY, STEVE CDC GROUP DE 1 BESSBOROUGH GARD. LONDON, ENGLAND UK SW1-V2JQ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANTRANI, SUNIL 17 ELIZABETH PARK CHRIST CHURCH, BARBADOS WI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODS, DAVID 4400 FOX RIDGE DRIVE WESTON FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *SUNIL CHANTRANI* **SUNIL CHANTRANI** **Mar 20/02 (246) 435-8444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)