

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071930

1. Entity Name

TRADEWINDS INTERNATIONAL AIRLINES, INC.

Principal Place of Business

Mailing Address

10211 PINES BLVD. STE. #109  
PEMBROKE PINES FL 33026

10211 PINES BLVD. STE. #109  
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

1560 Sandgrass Corp Pkwy 4 FL

10211 Pines blvd # 109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Pembroke Pines, Florida

Zip

33323

Country

USA

Zip

33026

Country

USA

4. FEI Number

65-1029015

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEZ, JOSEPH

10211 PINES BLVD, STE. #109  
PEMBROKE PINES FL 33026

Name

Diez, Joseph

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

10211 Pines blvd # 109

City

Pembroke Pines

FL

Zip Code

33026

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, 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

TITLE PS  
NAME DIEZ, JOSEPH  
STREET ADDRESS 10211 PINES BLVD, STE. #109  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 9th, 2001

Date Daytime Phone #

012710

CR25034 (10/00)