2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000064961

1. Entity Name

SIGNATURE:

INDIAN WIND, CORP.

FILED Jul 09, 2002 8:00 am Secretary of State 07-09-2002 90377 004 ***150.00

		·			,	4				
Principal Plac	ce of Busines	s	Mailing Address			7				
11373 NW 52ND LANE			11373 NW 52ND LANE							
MIAMI FL 33178			MIAMI FL 33178							
					1		1 19511961 to about 1100 agos sais			
2. Principal (Place of Busin	ness	3. Mailing Address			1				
Suite, Apt	. #, etc.	***	Suite, Apt. #, etc.			+	DO NOT WRITE	IN THIS	SPACE	
City & State			City & State			1			· · · · · · · · · · · · · · · · · · ·	
			City & State		4.	65-/1234	95	-	pplied For lot Applicable	
Zip Country		Zip Country		itry	5.	. Certificate of Status Desired		\$8.75 Ac	lditional	
	6. Name	and Address of Current F	gistered Agent			7. Name and Address of New Registered Agent				
		Name								
MAZZA-M	iartinez, t	'ANIA A	Street Address			(P.O. Box Number is Not Acceptable)				
782 NW 4	42ND AVE.,	SUITE 637	Sileet Addre			,ı .U.	. Box Number is Not Acceptable)			
MIAMI FL	33126					*			****	
				City			FL	Zip Cod	de	
8. The above	named entity	y submits this statement for	the purpose of changing its	reaister	Led office or register	red a	agent, or both, in the State of Flori		familiar with	and accord
the obligat	tions of regist	ered agent.			50 555 5. Togisto.	, , ,	agont, or both, in the state of Fight	ua. rain	idirililai Willi	, and accept
SIGNÄTURE.										
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	Registere	d Agent signature required	d when	n reinstating)	DATE		
9. This corpo	oration is eligi	ible to satisfy its Intangible	FILE NOW!!				10. Election Campaign Finar	noina	фг. <i>с</i>	
	requirement a ria on back)	and elects to do so.	After September 13; 2002 Fee will be \$750 Make Check Payable to Department of Sta				Trust Fund Contribution.		Adde	00 May Be d to Fees
11.	,	· OFFICERS AND D	IRECTORS .	12.		A	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE	P		☐ Delete	TITLE					☐ Change	Addition
NAME		RIA, MARIAELENA		NAM						
STREET ADDRESS CITY-ST-ZIP	8327 NW Miami Fl				ET ADDRESS					
TITLE	D	33100			-ST-ZIP					
NAME	LOPEZ, RO	767	☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS	8327 NW				ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		_		ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME				NAME	1					
STREET ADDRESS,			National Inc.		T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition Addition
NAME STREET ADDRESS				NAME	l					
CITY-ST-ZIP					T ADDRESS ST-ZIP					
TITLE			□ Delete	TITLE			- And		Change	- Addition
NAME			Delete	NAME	l				☐ Change	☐ Addition
STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			□ Delete	TITLE					☐ Change	☐ Addition
NAME				NAME						
STREET ADDRESS					T ADDRESS					ļ
CITY-ST-ZIP					ST-ZIP					
							119.07(3)(i), Florida Statutes. I ful legal effect as if made under oatl			
of the corp changed,	oration or the or on an attac	e receiver or trustee empow chment with an address, with	ered to execute this report a h all other like empowered.	s require	ed by Chapter 607,	, Flor	rida Statutes; and that my name a	ppears in	Block 11 or	Block 12 if

QUIPMA E/cna 5ta. Maria P. 7/362 (305) 505- 3569

BO OFFICER OR DIRECTOR

Daysone Phone #

Baqués B01200064961

Accounting & Assoc.

Indian Wind Comp. 11373 NW 52 Lane Mians Fl. 33178

Department of state Division of Conferations Tallahassu Ft.

Gentlemen:

This is the first time that I received the zooz UBD. I

This is the first time that I received the zooz UBD. I

asked to my accountant, and he informed me that I should

asked to my accountant, and he informed me that I should

have received this form at the begining of the year, and that

the oliginal cost is \$ 150."

I appreciate, you wave the \$ 400 = penalty, because I near received

I appreciate, you wave the \$ 400 = penalty, because I near received

the first me, and did not known about this matter.

Thank anticipated for your attention.

Monfelleether Sontamaria
President