

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000104193
1. Entity Name
Eastwind Systems, Inc.

FILED 1092
02 OCT -3 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1749 E. Hallandale Beach Blvd
Suite, Apt. #, etc. 164
City & State Hallandale FL
Zip 33009 Country USA

3. Mailing Address
1749 E. Hallandale Beach Blvd
Suite, Apt. #, etc. 164
City & State Hallandale
Zip 33009 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1148910

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL + UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way 4th floor
City Miami State FL Zip Code 33145

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME T.L. Kolhoff
STREET ADDRESS 2240 S. Ocean Dr
CITY-ST-ZIP Hollywood, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400008601024
10/25/02--01098--020 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/02 954-761-6406
Date Daytime Phone #

CR2E034B (12/01)

Eastwind Systems



1749 East Hallandale Beach Blvd. #164
Hallandale, Florida 33009
Telephone: (954) 701-6406 Fax: (954) 241-5002
Email: Eastwind96@aol.com

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September 27, 2002

Michelle Milligan
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Milligan:

Thank you for sending the Uniform Business Report. Please find enclosed a check in the amount of \$150.00 along with the Uniform Business Report. The Report originally sent was received in July 2002, after I called the Department of State to request it. I was informed by telephone to send a check of \$150.00 along with the Uniform Business Report. I believe it is important to honor the information given by telephone.

Thank you for your assistance.

Sincerely,


T.L. Kolhoff
President