

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033592

1. Entity Name

TRADEWINDS ENGINE SERVICES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90092 024 ***150.00

Principal Place of Business

Mailing Address

6601 LYONS ROAD SUITE C11
COCONUT CREEK FL 33073-3630
US

C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STR #301
FORT LAUDERDALE FL 33316-1735
US

STREET, SUITE 30



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STREET, SUITE 201

City & State

City & State

4. FEI Number

65-0663373

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREISEL, MARK J.
6601 LYONS ROAD STE B9 SUITE C-11
COCONUT CREEK FL 33073-3630

Name

J.

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

SUITE C-11

City

FL

Zip Code

33073-3630

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST. ☐ Delete
NAME KREISEL, MARK J. SUITE
STREET ADDRESS 6601 LYONS ROAD BUILDING C-11
CITY-ST-ZIP COCONUT CREEK FL 33073-3630

TITLE ☒ Change ☐ Addition
NAME J.
STREET ADDRESS 6601 LYONS ROAD, SUITE C-11
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~delete~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MARK J. KREISEL 2/20/00 954-622-2222

Date

Daytime Phone #

CR2E034 (9/99)