

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033592

1. Entity Name

TRADEWINDS ENGINE SERVICES, INC.

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90111 020 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

6601 Lyons Road

Suite, Apt. #, etc.

Building C-11

City & State  
Coconut Creek, FL

Zip

33073-3630

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0663373

Applied For

Not Applicable

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 C11  
COCONUT CREEK FL 33073

Name

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

City

FL

Zip Code

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.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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 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

4-23-01

Date

954-421-2510

Daytime Phone #

CR2E034 (10/00)