

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **P 96 0000 33 688**

1. Entity Name

UNWIND, INC.

FILED

01 APR 24 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4218 N. Surf Road
Hollywood, FL 33019

Mailing Address
c/o George Schwind
500 Australian Ave., South
Suite 600
West Palm Beach, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
USA

Zip

Country
USA

4. FEI Number

65-0686831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
George Schwind

Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave., South
Suite 500

City
West Palm Beach,

FL

Zip Code
33401

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

George Schwind

George Schwind

4/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Tiffany M. Field
4218 N. Surf Road
Hollywood, FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900004275729--5
-05/22/01--01031--005
*******61.25 *****61.25**

TITLE **VP/D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Jacob L. Gewirtz
2025 Brickell Avenue, Unit 1802
Miami, FL 33129

TITLE **T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
John Cullen
7411 Miami Lakes Drive
Miami, FL 33014

TITLE **S** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
George Schwind
500 Australian Ave., South, Suite 600
West Palm Beach, FL 33401

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Debra Bendell
5342 Ballona Lane
Culver City, CA 90230

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

13. I hereby certify that the information supplied with this filing does not qualify for 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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

Tiffany Field
TIFFANY FIELD

Date

Daytime Phone #

4/12/01 954 494 9653

CR2E034 (11/00)