

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027576

1. Entity Name

WINDHUNTER USA, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90110 027 ***150.00

Principal Place of Business

Mailing Address

1210 SE 1ST ST.
FORT LAUDERDALE FL 33301

1210 SE 1ST ST.
FORT LAUDERDALE FL 33315-1932

2. Principal Place of Business

3. Mailing Address

1700 SW 12TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT LAUDERDALE

4. FEI Number 59-3436763

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33315

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

CURRIE, SACKVILLE J
1210 SE 1ST ST.
FORT LAUDERDALE FL 33301

Name

CURRIE, SACKVILLE J

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

1700 SW 12TH AVE

City

FT LAUDERDALE

FL

Zip Code

33315

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 ☐ Delete
NAME D
STREET ADDRESS CURRIE, SACKVILLE J
CITY-ST-ZIP 1210 SE 1ST ST.
FORT LAUDERDALE FL 33301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)