2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040215

FILED
'00 JUN 27 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-00

DO NOT WRITE IN THIS SPACE

SP

1. Entity Name

HARDWIND CORPORATION

Principal Place of Business / Mailing Address

HARDWIND CORPORATION
C/O GRAU & COMPANY P.A.
111 N.E. 1ST STREET 5TH FLOOR
MIAMI,FL. 33132

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0814709 — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERTO URBISAGLIA
8355 N.W. 68TH STREET
MIAMI, FL. 33166

7. Name and Address of New Registered Agent

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 See Attached

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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition 600003328426--0
NAME	GUSTAVO FERNANDEZ	NAME	-07/19/00--01097--037
STREET ADDRESS	C/O GRAU & COMPANY P.A.	STREET ADDRESS	****900.00 ****900.00
CITY-ST-ZIP	111 NE 1ST 5TH FLOOR MIAMI,FL.33132	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIA DE LOS ANGELES MOSQUERA	NAME	
STREET ADDRESS	C/O GRAU & COMPANY P.A.	STREET ADDRESS	
CITY-ST-ZIP	111 NE 1ST 5TH FLOOR MIAMI,FL.33132	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: See Attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FROM : PHONE NO. : 3055920132 Apr. 28 2000 08:36AM P1
Apr 26 00 18:52 Usuario 54545435 P.1

FROM : PHONE NO. : 3055920132 Apr. 27 2000 04:24PM P1

APR-27-2000 15:38 GRAU & COMPANY MIAMI 00 305 374 4415 P.02

DOCUMENT

1 Entity Name

HARDWIND CORPORATION

Principal Place of Business / Mailing Address

HARDWIND CORPORATION
C/O GRAU & COMPANY P.A.
111 N.E. 1ST STREET 5TH FLOOR
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Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0814709 [X] Applied For [ ] Not Applicable

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ALBERTO URRESAGLIA
8355 N.W. 68TH STREET
MIAMI, FL. 33166

7. Name and Address of New Registered Agent

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 ______ 4/22/00
Signature, typed or printed name of registered agent and title if applicable / DATE

9. The corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GUSTAVO FERNANDEZ ~~C/O GRAU & COMPANY P.A.~~ 111 NE 1ST 5TH FLOOR MIAMI, FL. 33132	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA DE LOS ANGELES MOSQUERA C/O GRAU & COMPANY P.A. 111 NE 1ST 5TH FLOOR MIAMI, FL. 33132	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (8/99)

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SIGNATURE: ______ 4/28/00 (305) 373-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

TOTAL P.02