

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000107421**

1. Entity Name

TRADE WINDS NETWORK INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90117 015 ***150.00

Principal Place of Business

**2538 MUIR CIRCLE
WELLINGTON FL 33414**

Mailing Address

**2538 MUIR CIRCLE
WELLINGTON FL 33414**

2. Principal Place of Business

422 7th St.

3. Mailing Address

422 7th St

Suite, Apt. #, etc.

unit 7

Suite, Apt. #, etc.

unit 7

City & State

W.P.B.

City & State

W.P.B.

Zip

33401

Country

Zip

33401

Country

4. FEI Number

65-0886623

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

**MACINTER CORPORATION
15279 NW 7TH STREET
PEMBROKE PINES FL 33028**

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. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ECHEVERRI, LUIS G	
STREET ADDRESS	2538 MUIR CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE	ECHEVERRI, LUIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	422 7th St - unit 7	
STREET ADDRESS	W.P.B. FL	
CITY-ST-ZIP	33401	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (10/00)