

# 2003. FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90706 027 \*\*\*150.00

**DOCUMENT # P98000107421**

1. Entity Name  
**TRADE WINDS NETWORK INC.**



Principal Place of Business  
**422 7TH ST.  
UNIT 7  
WEST PALM BEACH FL 33401**

Mailing Address  
**422 7TH ST.  
UNIT 7  
WEST PALM BEACH FL 33401**

2. Principal Place of Business  
**422 7<sup>th</sup> ST.**

3. Mailing Address  
**422 7<sup>th</sup> ST.**

Suite, Apt. #, etc.  
**UNIT 6**

Suite, Apt. #, etc.  
**UNIT 6**

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number **65-0886623**

Applied For  
Not Applicable

Zip  
**33401**

Country  
**US**

Zip  
**33401**

Country  
**US**

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 **MACINTER CORPORATION**

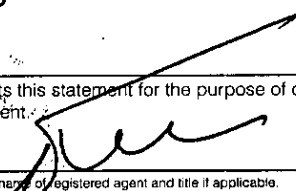
Street Address (P.O. Box Number is Not Acceptable)

**5440 N. STATE RD. 7, SUITE 218**

City **FORT LAUDERDALE FL**

Zip Code **33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

By **MIGUEL A. CURCI - President** 01/31/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **ECHEVERRI, LUIS G**  
STREET ADDRESS **805 NORTH RAILROAD AVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **P** ☐ Change ☒ Addition  
NAME **MARC SURETTE**  
STREET ADDRESS **422 7<sup>th</sup> ST UNIT 6**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)