

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071105

1. Entity Name

TRADEWINS-AM, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90134 038 ***150.00

Principal Place of Business

Mailing Address

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146-2113

2. Principal Place of Business

7284 W. Palmetto Pk. Rd.

3. Mailing Address

7284 W. Palmetto Pk. Rd.

Suite, Apt. #: etc.

Suite 207

Suite, Apt. #: etc.

Suite 207

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

US

Zip

33433

Country

US

4. FEI Number

65-0937819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Richard S. Hollander

Street Address (P.O. Box Number is Not Acceptable)
7284 W. Palmetto Pk. Rd.

Suite 207

City Boca Raton

FL

Zip Code 33433

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)

Apr. 12, 2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINSON, LOUIS JR. 4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard S. Hollander 7284 W. Palmetto Pk. Rd., Suite 207 Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Apr. 12, 2000

DATE

561-362-7771

Daytime Phone #

CR2E034 (9/99)