

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90078 005 ***150.00

DOCUMENT # P9900009398

1. Entity Name

LAUDERDALE WIND, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 Port Royale Dr. No.

3. Mailing Address
3200 Port Royale Dr. No.

Suite, Apt. #, etc.
#1604

Suite, Apt. #, etc.
#1604

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0945386

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alan Gottesman

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

801 N.W. 43rd Avenue

City
Coconut Creek, FL Zip Code
33066

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Alan Gottesman
801 N.W. 43rd Avenue
Coconut Creek, FL 33066

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)