

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000082775**

1. Entity Name

WINDRIFTER CORPORATION

Principal Place of Business

**14201 S.W. 97TH AVENUE
MIAMI FL 33176**

Mailing Address

**14201 S.W. 97TH AVENUE
MIAMI FL 33176**

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

☒ Applied For
☐ Not Applicable5. 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

**GRUBER, PETER G P.A.
9100 SOUTH DADELAND BLVD.
SUITE 910
MIAMI FL 33156**

Name

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

City **MIAMI**

FL

Zip Code **33176**

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

8.24.20009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SCHOENING, RICARDO M	
STREET ADDRESS	14201 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.24.2000

Date

305 969 4545


Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment
#P9900008275


B0107271

WINDRIFTER CORPORATION
14201 SW 97th Avenue
Miami, Florida 33176

August 24, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 33124

Gentlemen:

We are attaching the 2000 UBR for Windrifter Corporation. Please note that we have just received this notification and did not receive any previous notifications and therefore request you advise us what the correct and normal filing fee is.

Thank You for your attention,
Sincerely Yours,


WINDRIFTER CORPORATION

Ricardo M. Schoening