

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90414 007 \*\*\*\*70.00

**DOCUMENT # 751441**

1. Entity Name

**TRADEWINDS BY THE SEA, INC.**

Principal Place of Business

2029 NORTH OCEAN BLVD.  
 FORT LAUDERDALE FL 33305

Mailing Address

P.O. BOX ~~400000~~ 291062  
~~FT. LAUDERDALE FL 33346~~  
 DANIE, FL  
 33328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2003419**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MERIDIAN REALTY MANAGEMENT**  
 2170 SE 17 SUITE #207  
 FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: **FLORIDA PROP. MGMT.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**2168233RD ABBINIA CIRCLE**  
**3111 STIKLING ROAD**  
 City: **FT. LAUDERDALE FL** Zip Code: **33328**

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]* **PAULA GOTTLIEB**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	COSTA, LUIS	
STREET ADDRESS	2029 NORTH OCEAN BLVD #204	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRER, SHAN	
STREET ADDRESS	2029 N. OCEAN BLVD. #510	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODBECK, GILBERT	
STREET ADDRESS	2029 N. OCEAN BLVD. #405	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELMEEL, JOYCE	
STREET ADDRESS	2029 N. OCEAN BLVD #306	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAHERAK, DIANE	
STREET ADDRESS	2029 NORTH OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELMEEL, JOYCE	
STREET ADDRESS	2029 N OCEAN BLVD #201	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. PRESIDENT GILBERT BRODBECK	
STREET ADDRESS	2029 N. OCEAN BLVD. #405	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. TREASURER PATRICK MCELMEEL	
STREET ADDRESS	2029 N. OCEAN BLVD. #201	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. SECRETARY LUIS COSTA	
STREET ADDRESS	2029 N. OCEAN BLVD. #304	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAN FERRER	
STREET ADDRESS	2029 N. OCEAN BLVD #510	
CITY-ST-ZIP	FT. LAUD., FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PATRICK J. MCELMEEL** 1-27-01 564-0591  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)