

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90061 030 \*\*\*\*70.00

0074872

**DOCUMENT # 751441**

1. Entity Name

**TRADEWINDS BY THE SEA, INC.**

Principal Place of Business

Mailing Address

2029 NORTH OCEAN BLVD.  
 FORT LAUDERDALE FL 33305

P.O. BOX 291062  
 DAVIE FL 33328

2. Principal Place of Business

2029 N. ocean Blvd.

3. Mailing Address

2029 N. Ocean Blvd.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Fort Laud., Fl.

City & State

Fort Laud., Fl.

Zip

33305

Country

Broward

Zip

33305

Country

Broward

4. FEI Number

59-2003419

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA PROP MGMT  
 2682 W ABLANCA CIRCLE  
 3111 STIRLING ROAD  
 FORT LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name: **Floridian Property Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable):  
 2682 West Abiaca Circle  
 City: **Davie** 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 **Floridian Property Management**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Summa G... 4/25/02*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Costa, Luis</b> 2029 North Ocean Blvd. #204 Fort Lauderdale, Florida 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Ferrer, Shan</b> 2029 N. Ocean Blvd. #510 Fort Lauderdale, Florida 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Brodbeck, Gilbert</b> 2029 N. Ocean Blvd, #405 Fort Lauderdale, Florida 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>McElmeel, Patrick</b> 2029 N. Ocean Blvd. #306 Fort Lauderdale, Florida 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Goldstein, Gabriel</b> 2029 N. Ocean Blvd. #311 Fort Lauderdale, Florida 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: **Gilbert A Brodbeck, President**

*Gilbert A Brodbeck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)