

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006970**

1. Entity Name
WAVE CLUB, L.L.C.

FEN #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10: 02

mf

Principal Place of Business
**350 OCEAN DRIVE
MIAMI BEACH FL 33139**

Mailing Address
**350 OCEAN DRIVE
MIAMI BEACH FL 33139-6905**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0156370

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOFI ONE, INC. (MGR)
407 LINCOLN ROAD, SUITE 8-R
MIAMI BEACH FL 33139**

Name

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

City

FL

Zip Code

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 *Alessandro Ferretti (MGR) President of Sofi One*

4/20/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. DELETING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR/M** Delete
NAME **ALESSANDRO FERRETTI**
STREET ADDRESS **407 LINCOLN ROAD, SUITE 8-R**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE Change Addition
NAME **700003391877--5**
STREET ADDRESS **-09/13/00--01078--003**
CITY-ST-ZIP *******55.00 *****55.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alessandro Ferretti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/2000 (202) 673-0401
Date Daytime Phone #

CR2E083 (9/99)