

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000063543

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: OCEAN WAVE WEST, INC.

Current Principal Place of Business:

5801 GULF BLVD.
ST. PETERSBURG, FL 33706

New Principal Place of Business:

2755 EAST OAKLAND PARK BLVD
SUITE 101
FORT LAUDERDALE, FL 33306

Current Mailing Address:

5801 GULF BLVD.
ST. PETERSBURG, FL 33706

New Mailing Address:

2755 EAST OAKLAND PARK BLVD
SUITE 101
FORT LAUDERDALE, FL 33306

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGES, RICHARD M
3656 FIRST AVE. N.
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MULE', SALVATORE
Address: 2755 E. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE MULE

DPST

04/25/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date