

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000008265

Entity Name: STREETWAVES CORPORATION**Current Principal Place of Business:**1220 SEA GRAPE CIRCLE
DELRAY BEACH, FL 33445**Current Mailing Address:**P.O. BOX 8314
DELRAY BEACH, FL 33482 US**FEI Number:** 27-0264330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODBEER, MAURICE CORNELIUS
1220 SEA GRAPE CIR
DELRAY BEACH, FL 33445 US*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:** MAURICE C. GOODBEER

09/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name GOODBEER, MAURICE CORNELIUS
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title VP
Name NICODEMOU, CHRISTINA MARIE
Address 1220 SEA GRAPE CIR
City-State-Zip: DELRAY BEACH FL 33445

Title T
Name NEOSSAINT, DAVID
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name HAAG, KAREN
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title BOARD CHAIR
Name PROPERO, MARINA
Address 1 WASHINGTON AVE
City-State-Zip: MIAMI BEACH FL 33445

Title MEMBER
Name KATZ, JASON
Address 1 WASHINGTON AVE
City-State-Zip: MIAMI BEACH FL 33445

Title MEMBER
Name LABOWITZ, MARC
Address 1220 SEA GRAPE CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAURICE CORNELIUS GOODBEER

CEO

09/27/2021

Electronic Signature of Signing Officer/Director Detail

Date