

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90203 001 ***150.00

DOCUMENT # 466015

1. Entity Name
RADIO WAVS, INC.

Principal Place of Business

Mailing Address

950 N. FED. HWY #216
 POMPANO BCH. FL 33062

950 N. FED. HWY #216
 POMPANO BCH. FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6360 S.W. 41ST PLACE

6360 S.W. 41ST PLACE

City & State

City & State

DAVIE, FL

DAVIE, FL

Zip

Zip

33314

33314

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRESKY, ROY H
 950 NORTH FEDERAL HIGHWAY, #216
 POMPANO BEACH FL 33062

Name **GEORGE E. EDWARDS, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)

950 North Federal Highway #109
 City **POMPANO BEACH** FL Zip Code **33062**

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 *George Edwards*

1-14-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BRESKY, ROY H**
 CITY-ST-ZIP **4050 NE 25TH AVE**
LIGHT HOUSE PNT, FL00000

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP: 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DVP**
 STREET ADDRESS **ANDREA F. BRESKY**
 CITY-ST-ZIP **4050 NE 25TH AVE**
LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrea F. Bresky*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-02 **954-584-1074**
 Date Daytime Phone #

CR2E034 (9/01)