

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**  
 04-14-2000 90116 038 \*\*\*150.00

**DOCUMENT # H21623**  
 Entity Name  
**TROPICAL WAVE, INC.**

Principal Place of Business Mailing Address  
 S W 73RD STREET 5846 S W 73RD STREET  
 FL 33143 MIAMI FL 33143-5210  
 US

Principal Place of Business 3. Mailing Address  
 140 SW 62nd Ave 8140 SW 62nd Avenue  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Miami, FL Miami, FL  
 Zip Country Zip Country  
 33143 U.S. 33143 U.S.



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 BLAIRE & COLE, P.A.  
 2801 PONCE DE LEON BLVD.  
 SUITE 550  
 CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
 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, 2000 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.

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PTD NIARHOS, ELIZABETH L. 9211 SW 123 AVE CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Niarhos, Elizabeth L. 8140 SW 62nd Avenue Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VSD NIARHOS, TIMOTHY 9211 SW 123 AVE CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Niarhos, Timothy 8140 SW 62nd Avenue Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Elizabeth D. Chelley 4/11/00 305-667-2031  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)