

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90344 032 ****50.00

DOCUMENT # L02000013253

1. Entity Name
NEW WAVE HOLDINGS, LLC



Principal Place of Business

~~2005 PARK COURT~~
~~BOCA RATON FL 33486~~

Mailing Address

P.O. BOX 272123
BOCA RATON FL 33427-2123

2. Principal Place of Business

3073 NW 30th Place

3. Mailing Address

P.O. Box 272123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

EIN# 02-0612294

Applied For

Not Applicable

Zip **33431**

Country

USA

Zip

33427-2123

Country

USA

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

**WILLIAM WATSON TRICK, JR., ESQUIRE
1216 E. ATLANTIC BLVD., SUITE 7
POMPAÑO BEACH FL 33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **ODEN, ROBERT F**
STREET ADDRESS **P.O. BOX 272123**
CITY-ST-ZIP **BOCA RATON FL 33427-2123**

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

TITLE **MGRM** ☐ Delete
NAME **O'CONNOR, MATTHEW J**
STREET ADDRESS **P.O. BOX 272123**
CITY-ST-ZIP **BOCA RATON FL 33427-2123**

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

TITLE **MGRM** ☐ Delete
NAME **ORVIETO, BRAD**
STREET ADDRESS **P.O. BOX 272123**
CITY-ST-ZIP **BOCA RATON FL 33427-2123**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: ROBERT F ODEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-19-03 561-912-1480

Date Daytime Phone #

CR2E083 (10/02)