

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002219 AF

DOCUMENT # L99000001032

1. Entity Name

TIDAL WAVE REALTY, LLC. TIDAL WAVE CAPITAL, LLC

00 APR 18 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2075 NORTH POWERLINE ROAD
POMPAHO BEACH FL 33069

Mailing Address

2075 NORTH POWERLINE ROAD
POMPAHO BEACH FL 33069-1223

2. Principal Place of Business

6800 GLENEAGLE DR

3. Mailing Address

6800 GLENEAGLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEAN LAKES FL

City & State

MEAN LAKES FL

Zip

33014

Country

DADE

Zip

33014

Country

DADE

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0982420

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENDER, HARRY K
BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME CASAGRANDE, JACK
STREET ADDRESS 2075 NORTH POWERLINE ROAD
CITY-ST-ZIP POMPAHO BEACH FL 33069 ☐ Delete

TITLE MGRM
NAME VELOCCI, RALPH
STREET ADDRESS 349 CENTER ISLAND STREET
CITY-ST-ZIP GOLDEN BEACH FL ☐ Delete

TITLE MGRM
NAME MARZANO, PAT
STREET ADDRESS 2075 NORTH POWERLINE ROAD
CITY-ST-ZIP POMPAHO BEACH FL 33069 ☒ Delete

TITLE MGRM
NAME JOHNSON, BILL
STREET ADDRESS 17971 N.W. 13 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☒ Delete

TITLE MGRM
NAME FEELEY, JOHN J JR.
STREET ADDRESS 111 FOUNTAINBLEU BLVD.
CITY-ST-ZIP MIAMI FL 33172-4507 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003229010--8

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
-04/28/00--01072-012
*****55.00 *****55.00

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JACK R. CASAGRANDE

MGRM

Date

Daytime Phone #

4/12/00 305-772-5408

CR2E083 (9/99)