

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006970**

1. Entity Name  
**WAVE CLUB, L.L.C.**

**FEN #**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -5 AM 10: 02

*mf*

Principal Place of Business  
**350 OCEAN DRIVE  
MIAMI BEACH FL 33139**

Mailing Address  
**350 OCEAN DRIVE  
MIAMI BEACH FL 33139-6905**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0156370**

Applied For  
Not Applicable

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

**SOFI ONE, INC. (MGR)  
407 LINCOLN ROAD, SUITE 8-R  
MIAMI BEACH FL 33139**

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 *Alessandro Ferretti (MGR) President of Sofi One*

4/20/2000

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. DELETING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR/M**  Delete  
NAME **ALESSANDRO FERRETTI**  
STREET ADDRESS **407 LINCOLN ROAD, SUITE 8-R**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE  Change  Addition  
NAME **700003391877--5**  
STREET ADDRESS **-09/13/00--01078--003**  
CITY-ST-ZIP **\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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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: *Alessandro Ferretti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/2000 (202) 673-0401  
Date Daytime Phone #

CR2E083 (9/99)