

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001501

1. Entity Name
NUWAVE CONSULTING CORP.

Principal Place of Business
7820 N.W. 85TH AVENUE
TAMARAC FL 33321

Mailing Address
7820 N.W. 85TH AVENUE
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLOD, LEONARD
7820 N.W. 85TH AVENUE
TAMARAC FL 33321

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

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GOLOD, SHARON
STREET ADDRESS 7820 N.W. 85TH AVENUE
CITY-ST-ZIP TAMARAC FL 33321

☐ Delete

TITLE STD
NAME GOLOD, LEONARD
STREET ADDRESS 7820 N.W. 85TH AVENUE
CITY-ST-ZIP TAMARAC FL 33321

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Leonard Golod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90009 008 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0983702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

0028807 AV

CR2E034 (9/01)