

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91745 009 ***150.00

DOCUMENT # P00000 117492

1. Entity Name

X WAVE TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

732 HURLEY DR.

Suite, Apt. #, etc.

3. Mailing Address

903 N. PINE HILLS RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER GARDEN, FL

City & State

ORLANDO, FL

4. FEI Number

59-3687840

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

32808

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MASHASE SURUJDYAL

Street Address (P.O. Box Number is Not Acceptable)

732 HURLEY DR.

City

WINTER GARDEN

FL

Zip Code

34787

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MASHASE SURUJDYAL	732 HURLEY DR.	WINTER GARDEN, FL 34787

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASHASE SURUJDYAL

Date

Daytime Phone #

CR2E034B (12/01)