

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90624 013 ***150.00

DOCUMENT # P01000039696

1. Entity Name

ACTIVE WAVE, INC.

Principal Place of Business

**3432 PINE HAVEN CIRCLE
 BOCA RATON FL 33431**

Mailing Address

**3432 PINE HAVEN CIRCLE
 BOCA RATON FL 33431**

2. Principal Place of Business

902 CLINT MOORE RD.

3. Mailing Address

902 CLINT MOORE RD

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

SUITE 118

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-1092883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLLANDER, BRUCE L ESQ.
 901 SOUTH STATE ROAD 7
 PENTHOUSE C
 HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name **TOURAJ GHAFFARI**

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

902 CLINT MOORE RD, SUITE 118

City **BOCA RATON**

FL

Zip Code

33487

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

TOURAJ GHAFFARI

4/24/2002

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

TITLE **PD** ☒ Delete
 NAME **HOLLANDER, BRUCE L**
 STREET ADDRESS **901 SOUTH STATE ROAD 7, PH-C**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT & CEO** ☒ Change ☐ Addition
 NAME **TOURAJ GHAFFARI**
 STREET ADDRESS **902 CLINT MOORE RD, SUITE 118**
 CITY-ST-ZIP **BOCA RATON, FL, 33487**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE TOURAJ GHAFFARI 4/24/2002 561-999-9422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0370061 AV

CR2E034 (9/01)