

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90444 003 ***158.75

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1. Entity Name

NEW WAVE MORTGAGE, INC.

DEPARTMENT OF STATE

Principal Place of Business

**24 PALM AVE. PALM ISLAND
MIAMI BCH FL 33139**

Mailing Address

**24 PALM AVE. PALM ISLAND
MIAMI BCH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 S. DIXIE Hwy Suite 100 K

3. Mailing Address

P.O. Box 330515

City & State

MIAMI FL.

City & State

Coconut Grove, FL.

4. FEI Number

65-1119514

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33233

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MADORSKY, MARSHA G
C/O CARLTON FIELDS, P.A.
100 SE SECOND ST
MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name **CFRA, LLC**
Street Address (P.O. Box Number is Not Acceptable) **One Harbour Place**
777 S. Harbour Island Boulevard
City **Tampa** **FL** Zip Code **33602-5730**

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.

Peter J. Winders

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/02

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	D	<input type="checkbox"/> Delete
NAME	RICHARD, JUDY	
STREET ADDRESS	24 PALM AVE, PALM ISLAND	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Judith F.	
STREET ADDRESS	24 Palm Ave.	
CITY-ST-ZIP	MIAMI Beach, FL. 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Judith F. Richard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

305-775-2082

Daytime Phone #

CR2E034 (9/01)