

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

DOCUMENT # P01000085555

1. Entity Name

NEW WAVE DESIGN CORP.

APPROVED
AND
FILED

02 DEC 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 CLAUGHTON ISLAND DRIVE

3. Mailing Address

60 SOUTH SHORE DRIVE

Suite, Apt. #, etc.
SUITE # 913

Suite, Apt. #, etc.

APARTMENT # 1

City & State
MIAMI, FLORIDA

City & State
MIAMI BEACH, FLORIDA

4. FEI Number

65-1135055

Applied For

Not Applicable

Zip
33131

Country
UNITED STATES

Zip
33141

Country
UNITED STATES

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code
33131

**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 certifying)

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

**DIRECTOR, MRS. PILAR GUTIERREZ
770 CLAUGHTON ISLAND DRIVE # 913
MIAMI, FLORIDA, 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

PILAR GUTIERREZ

12/11/2002 (305)867-2323

DATE

DAYTIME PHONE #

CR2E034B (12/01)



December 11th 2002, Miami Beach, FL

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Sirs,

With this mail we are sending the Reinstatement Form, the complete Uniform Business Report (UBR), a copy of our \$150,00 cashed check and our sincerely apologies.


Our corporation, New Wave Design Corp., is inactive because our UBR was not properly filled (the Fei number was not listed).

Unfortunately we only follow the operation by the accredited check and we never received the uncompleted form that you sent us to return it verified. We really don't know what happened with that forms because we also experienced another problems with other incoming mail.

Also, we are sending you the new mailing address to prevent future mail problems.

Thanks for your understanding and again our sincerely apologies.

Yours sincerely,


Pilar Gutierrez
Director

770 Cloughton Island Drive, suite 913, Miami, FL (33131)