

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

036616 AV

DOCUMENT # P01000108224

1. Entity Name

DIGITAL HEAT WAVE, INC.

Heatwave, Inc.



FILED

03 MAY 23 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

11501 N.W. 30TH PLACE  
SUNRISE FL 33323

Mailing Address

11501 N.W. 30TH PLACE  
SUNRISE FL 33323

2. Principal Place of Business

11110 W. OAKLAND PARK BLVD

3. Mailing Address

11110 W. OAKLAND PARK BLVD

Suite/Apt. #, etc.

363

Suite/Apt. #, etc.

363

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1155203

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JEAN, WILKING

11501 N.W. 30TH PLACE

SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

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

6781 NW 46TH COURT

City

LAUDERHILL

FL

Zip Code

33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Wilkings Jean, President & CEO

4-25-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	JEAN, WILKING	
STREET ADDRESS	11501 N.W. 30TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN, KARLIE	
STREET ADDRESS	11501 N.W. 30TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	PORCENA, MOZART	
STREET ADDRESS	7840 NW 46TH COURT	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	BRISE, RONALD	
STREET ADDRESS	540 NW 119ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, WILKING	
STREET ADDRESS	6781 NW 46TH CT	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, KARLIE	
STREET ADDRESS	6781 NW 46TH CT	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	PORCENA, MOZART	<input checked="" 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Mozart Porcena

4/25/03

954-980-6693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)