

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90186 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055075

1. Entity Name

NEW WAVE POOL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3107 NW 5TH TERRACE

3. Mailing Address
3107 NW 5TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State
POMPANO BEACH

City & State
POMPANO BEACH

Zip
33064

Country
USA

Zip
33064

Country
USA

4. FEI Number

32-0014228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WALFRIDO A. MOURAO

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

3107 NW 5TH TERRACE#2

City POMPANO BEACH

FL

Zip Code
33064

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

Walfrido Mourao

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/12/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Walfrido Mourao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/2003 - (954) 366-0835

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

90135836

#P02000055075

3107 NW 5TH TERRACE#2
POMPAN0 BEACH, FL 33064

RE: NEW WAVE POOL, INC
P02000055075

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE. I DID NOT RECEIVED THE ANNUAL REPORT
PAPER IN MY HOUSE BECAUSE YOU HAVE MISSED THE APARTMENT NUMBER
AND I DIDN'T KNOW ABOUT THIS ANNUAL REPORT. I PROMISE YOU THAT
NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL
REPORT.

THIS IS MY CORRECT ADDRESS:

3107 NW 5TH TERRACE#2
POMPAN0 BEACH, FL 33064

I AM ENCLOSING A CHECK OF \$150.00.

SINCERELY,

WALFRIDO A. MOURAO

