

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037573

1. Entity Name

WAVE TRADES OF BREVARD, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90115 019 ***150.00

Principal Place of Business

Mailing Address

ELECTRA CUT HAIR DESIGN
320 N. ATLANTIC AVE
COCOA BCH FL 32931

ELECTRA CUT HAIR DESIGN
320 N. ATLANTIC AVE
COCOA BCH FL 32931-4301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3313760

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOS, JANICE
4003 N. INDIAN RIVER DRIVE
COCOA FL 32927

Name CONDOS, JANICE
Street Address (P.O. Box Number is Not Acceptable)
178 HOMBURG PL.
City COCOA FL 32927

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 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CONDOS, JANICE
STREET ADDRESS 178 HAMBURG PL
CITY-ST-ZIP COCOA FL 32927 ☐ Delete

TITLE
NAME
STREET ADDRESS 178 HOMBURG PL.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME CONDOS, JOHN
STREET ADDRESS 178 HAMBURG PL
CITY-ST-ZIP COCOA FL 32927 ☐ Delete

TITLE
NAME
STREET ADDRESS 178 HOMBURG PL.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONDOS

4/15/00

Date

321-639-8276

Daytime Phone #

CR2E034 (9/99)