

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90394 011 ***158.75

DOCUMENT # P96000041842

1. Entity Name

NEW WAVE SURF & SOCCER, INC.

Principal Place of Business

2196 COVE BOULEVARD
PANAMA CITY FL 32405

Mailing Address

2196 COVE BOULEVARD
PANAMA CITY FL 32405

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 59-3037972

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

TUVYANA, AVRAHAM
7498 SHADOW BAY DRIVE
CALLAWAY FL 32404

Name

TUVYANA, AVRAHAM

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

112 Cottonwood Circle

City

Lynn Haven

FL

Zip Code

32444

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, 2001 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 P
NAME TUVYANA, AVRAHAM ☐ Delete
STREET ADDRESS 7498 SHADOW BAY DRIVE
CITY-ST-ZIP CALLAWAY FL 32404

TITLE P ☒ Change ☐ Addition
NAME AVRAHAM TUVYANA
STREET ADDRESS 112 Cottonwood Circle
CITY-ST-ZIP Lynn Haven, FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME LAURA TUVYANA
STREET ADDRESS 112 Cottonwood Circle
CITY-ST-ZIP Lynn Haven, FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Avraham Tuvyana

AVRAHAM TUVYANA

4/26/01

(850) 747-0696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)