

FOR PROFIT CORPORATION ANNUAL BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR -5 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000006612

1. Entity Name

Nextwave Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 N. 29th Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

Zip

33020

Country

USA

Zip

Country

4. FEI Number

65-0716964

Applied For

Not Applicable

5. Certificate of Status Desired

L

\$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

Glenn Costales

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

2700 N. 29th Ave #103

City

Hollywood

FL

Zip Code

33020

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

Glenn Costales

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

Glenn Costales

(NOTE: Registered Agent signature required when reinstating)

3-5-02

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
President
Glenn Costales
762 N.W. 162 Ave.
Pembroke Pines, FL 33028

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-02

CR2E034B (12/01)