

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90380 029 ***150.00

0513090

DOCUMENT # P97000074643

1. Entity Name

WAVE COMMUNICATION, INC.

Principal Place of Business

**8151 SE SKYLARK AVE.
HOBE SOUND FL 33455**

Mailing Address

**P.O. BOX 2265
HOBE SOUND FL 33455**

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 **65-0784701**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, MANUEL A
13950 SW 16 TERRACE
MIAMI FL 33175**

**Warneka Robert
P.O. Box 586
Hobe Sound, FL 33475**

7. Name and Address of New Registered Agent

Name **Warneka, Robert**
Street Address (P.O. Box Number is Not Acceptable)
8151 SE Skylark Ave
City **Hobe Sound** FL Zip Code **33455**

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

Robert Warneka President

4-23-2001

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WARNEKA, ROBERT	
STREET ADDRESS	8403 SE WOODMERE ST.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, MANUEL A	
STREET ADDRESS	13950 SW 16 TERR.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	VIDAL, BLANCA L	
STREET ADDRESS	2035 SW 142 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warneka, Susan	
STREET ADDRESS	P.O. Box 586	
CITY-ST-ZIP	Hobe Sound, FL 33475	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moody, Arthur	
STREET ADDRESS	4486 Gardenia Drive	
CITY-ST-ZIP	Palm Beach, Garden FL 33410	
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		

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:

Robert Warneka DP

4-23-2001 561-546-9917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)