FILED
Jun 21, 2000 8:00 am
Secretary of State
05-09-2000 90143 039 ***150.00

DE : BJ"AMERICAN"TRAVEL_." NO. DE TEL : + + ++++

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 47786 R

1. Entity Name
THE WAVES OF ALFONSINA INC.

[redacted]

Principal Place of Business	Mailing Address
501 74 ST #1 MIAMI BEACH FL 33141.	7421 CARLYLE AVE #2 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 74 ST #1	7421 CARLYLE AVE
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. SAME #2
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33141 / Country DADE	Zip 33141 / Country DADE

4. FEI Number 65-0315-413 ☐ 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

Name

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

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when attempted.)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CH~~ PRESIDENT LORENA VARALES 7421 CARLYLE #2 MIAMIBEACH, FL ZIP 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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