

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91564 025 \*\*\*150.00

DOCUMENT # **P980000047786**  
 1. Entity Name  
**THE WAVES OF ALFONSINA, INC**

Principal Place of Business Mailing Address  
**1130 NE - 10<sup>th</sup> AVE** **1130 NE - 10<sup>th</sup> AVE**  
**N. MIAMI FL, 33161** **N. MIAMI FL, 33161**

**642926**



DO NOT WRITE IN THIS SPACE

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 **65-0844711** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**1130 NE 10<sup>th</sup> AVE**  
**N. MIAMI FL, 33161**

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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP  
**Pos. VARALES, LORENA. E** ☐ Delete  
**1132 NE 10<sup>th</sup> AVE**  
**N. MIAMI FL, 33161**  
**V.P. MARTORELL James Jonathan** ☐ Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete  
☐ Delete  
☐ Delete  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**1130 NE 10<sup>th</sup> AVE** ☒ Change ☐ Addition  
**N. MIAMI, FL 33161**  
**V. President MARTORELL JAMES JONATHAN** ☐ Change ☒ Addition  
**1130 NE - 10<sup>th</sup> ave.**  
**N. Miami - FL 33161**  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ 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: \_\_\_\_\_ 04-12-02 - 305-899-8521  
 Date Daytime Phone #