

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101841

1. Entity Name

NEW WAVE INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90066 038 ***158.75

Principal Place of Business

Mailing Address

**4309 E. LAS OLAS BLVD
 FT LAUDERDALE FL 33302**

**1815 SW 101 AVE
 DAVIE FL 33324-7440**

2. Principal Place of Business

3. Mailing Address

1309 E. LAS OLAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FLORIDA

City & State

4. FEI Number

65-0893657

Applied For

Not Applicable

Zip

Country

33301

USA

Zip

Country

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

**PINKWASSER, ALAN
 8231 MUIRHEAD CIRCLE
 BOYNTON BEACH FL 33437**

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 _____

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, 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 Delete
 NAME **D PONYATOVSKY, SERGEY**
 STREET ADDRESS **1815 SW 101 AVE**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V PONYATOVSKAYA, TATIANA**
 STREET ADDRESS **1815 SW 101 AVE**
 CITY-ST-ZIP **DAVIE FL 33324**

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

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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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PONYATOVSKY

Date

Daytime Phone #

1/14/00 954 524 4244

CR2E034 (1/99)