

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2002 91592 043 ***150.00

DOCUMENT # P98000101841

1. Entity Name
NEW WAVE INC.

Principal Place of Business
1309 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

Mailing Address
1815 SW 101 AVE
DAVIE FL 33324

B:082707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1309 E LAS OLAS BLVD
 Suite, Apt. #, etc.

3. Mailing Address
1309 E LAS OLAS BLVD
 Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

4. FEI Number
65-0893657

Applied For
 Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name
TATIANA PONYATOVSKAYA

Street Address (P.O. Box Number is Not Acceptable)
1309 E LAS OLAS BLVD

City
FT LAUDERDALE

FL

Zip Code
33301

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
Alan Pinkwasser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-2002

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:
[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 9548320506

Date

Daytime Phone #

CR2E034 (9/01)