

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 JUL 28 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000051703

1. Entity Name

CLEARWAVES.COM, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7951 SW 40th Street

Suite, Apt. #, etc.

206

City & State  
Miami, FL

Zip  
33155

Country  
U.S.

3. Mailing Address

7951 SW 40th Street

Suite, Apt. #, etc.

206

City & State  
Miami, FL

Zip  
33155

Country  
U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0931851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
BLAS PRIETO

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

7951 SW 40th Street, #206

City  
Miami

FL

Zip Code  
33155

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
AGUILAR, ROBERT  
7951 SW 40th STREET, # 206  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900022341949  
08/15/03-01012-012 \*\*600.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
PRIETO, BLAS  
7951 SW 40th STREET, # 206  
MIAMI, FL 33155

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/2

# CLEAR WAVES.COM, INC.

TO WHOM IT MAY CONCERN:  
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

  
BLAS PRIETO  
PRESIDENT