

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

DOCUMENT # **P 99 000097823**

1. Entity Name

**Ocean Wave Realty, Inc.**

05-16-2001 90253 048 \*\*\*150.00

Principal Place of Business

Mailing Address

**3100 N. Ocean Blvd  
 # 808**

**Ft. Lauderdale, FL**

**A0068503**

2. Principal Place of Business

3. Mailing Address

**2755 E. OAKLAND PK BLVD**

**2755 E. OAKLAND PK BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#101**

**#101**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Ft Lauderdale, FL**

**Ft Lauderdale, FL**

4. FEI Number

Applied For

**650961289**

Not Applicable

Zip

Country

Zip

Country

**33306 USA**

**33306 USA**

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

**Thomas G. Pye**

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

**2701 E. OAKLAND PK BLVD**

City

**Ft Lauderdale**

FL

Zip Code

**33306**

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 reinstalling)

DATE

**4/25/01**

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, 2001 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	<b>SAUND MULE</b>	<input type="checkbox"/> Delete
NAME	<b>3100 N. Ocean Blvd #808</b>	
STREET ADDRESS	<b>Ft Lauderdale, FL 33308</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SAUND MULE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2755 E. OAKLAND PK BLVD #101</b>	
STREET ADDRESS	<b>Ft Lauderdale, FL 33306</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SAUND MULE PRES.**

**4/25/01**

CR2E034 (11/00)