

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

DOCUMENT # S89031

1. Entity Name

WAVE INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 S.E. 2nd Street

Suite, Apt. #, etc.
17th Floor

City & State
Miami, FL

Zip
33131

Country

3. Mailing Address
100 S.E. 2nd Street

Suite, Apt. #, etc.
17th Floor

City & State
Miami, FL

Zip
33131

Country

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
65-0293461

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
FRIEDHOFF, JOHN H.

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

100 S.E. 2nd Street

17th Floor

City
Miami **FL** Zip Code
33131

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**DPST
SOARES, LEILA TEIXEIRA DE
100 S.E. 2nd Street, 17 Floor
Miami, FL 33131**

TITLE
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8/7/5

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/2002

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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