

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000012201

Entity Name: THIRD WAVE VOLUNTEERS INC**Current Principal Place of Business:**3566 VISTA COURT
MIAMI, FL 33133**Current Mailing Address:**3566 VISTA COURT
MIAMI, FL 33133 US**FEI Number:** 82-3731839**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVANTAGE ACCOUNTING AND TAX LLC
2700 NORTH MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431 US*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:** ADVANTAGE ACCOUNTING & TAX**02/27/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THOMPSON, ALISON
Address 3566 VISTA COURT
City-State-Zip: MIAMI FL 33133

Title DIR
Name PADRO, JUAN
Address 1977 WEST 34TH AVE
City-State-Zip: DENVER CO 80211

Title DIR
Name BRAZIL, JAMES
Address 4201 INDIAN CREEK DRIVE, #5
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name PAVEN, LUCIANA
Address 3566 VISTA COURT
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name GREEN, MARK
Address 3566 VISTA COURT
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name PHOENIX, JYAKUEN FELLOW
Address 2201 MARAVILLA DRIVE
City-State-Zip: LOS ANGELES CA 90068

Title DIRECTEOR
Name QUAY, NICK
Address 8000 WEST DRIVE, 213
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title DIRECTOR
Name MOHAMMED, KIRAN MATHUR
Address 16, KELLY-KENNY STREET
City-State-Zip: WOODBROOK PORT OF SPAIN

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALISON THOMPSON**PRESIDENT/DIRECTOR****02/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date