

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90002 011 ***150.00

DOCUMENT # J56556

1. Entity Name
R.F.E. CABLE CONSULTANTS, INC.

Principal Place of Business
9400 SOUTH DADELAND BLVD.
SUITE 300
MIAMI FL 33156

Mailing Address
9400 SOUTH DADELAND BLVD.
SUITE 300
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8135 S.W. 136th St.
 Suite, Apt. #, etc.

3. Mailing Address
8135 SW 136th St.
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **59-2776464**

Applied For
 Not Applicable

Zip
33156

Country

Zip
33156

Country

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

WOLASKY, MARJORIE E., ESQ.
7685 SW 104 ST
SUITE 220
MIAMI FL 33156

Name
9400 S. Dadeland Blvd., Suite 300
 City **Miami** FL Zip Code **33156**

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 *Marjorie E. Wolasky*
 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)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ELLIS, RONALD F.	
STREET ADDRESS	8135 S.W. 136TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLIS, SUN YE	
STREET ADDRESS	8135 S.W. 136TH ST	
CITY-ST-ZIP	MIAMI FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ronald F. Ellis* **REQUIRED** *R.F. Ellis* Date **2/13/02** Daytime Phone # **305-253-0336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002077 AV

CR2E034 (9/01)