

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90044 032 \*\*\*158.75

**DOCUMENT # P01000082700**

1. Entity Name  
**SOUTH COAST CABLE, INC.**

Principal Place of Business  
**7606 SW 8 CT**  
**NORTH LAUDERDALE FL 33068**

Mailing Address  
**7606 SW 8 CT**  
**NORTH LAUDERDALE FL 33068**

**358869**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7606 SW 8 CT**  
Suite, Apt. #, etc.

3. Mailing Address

**7606 SW 8 CT**  
Suite, Apt. #, etc.

City & State  
**N. Lauderdale FL**

City & State  
**N. Lauderdale FL**

4. FEI Number  
**65-1132039**

Applied For  
Not Applicable

Zip Country  
**33068 Broward**

Zip Country  
**33068 Broward**

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

6. Name and Address of Current Registered Agent

**AMBRUS, TAMAS**  
**7606 SW 8 CT**  
**NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name  
**Tamas Ambrus**  
Street Address (P.O. Box Number is Not Acceptable)

**7606 SW 8 CT**  
City **N. Lauderdale** **FL** Zip Code **33068**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **AMBRUS, TAMAS**  
CITY-ST-ZIP **7606 SW 8 CT**  
**NORTH LAUDERDALE FL 33068**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)