

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 8:00 am**
Secretary of State

03-27-2001 90013 011 ***150.00

DOCUMENT # F39486

1. Entity Name

SOUTH ATLANTIC CABLE COMPANY

Principal Place of Business

2741 W. 81ST. STREET
HIALEAH FL 33016

Mailing Address

2741 W. 81ST. STREET
HIALEAH FL 33016

2. Principal Place of Business

3085 W 80 St.

Suite, Apt. #, etc.

3. Mailing Address

3085 W 80 St.

Suite, Apt. #, etc.

City & State

Hialeah, Fl

City & State

Hialeah, Fl

4. FEI Number

59-2098532

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

33018

Country

USA5. 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

WILLIAMS, DAVID L.
7400 EATON ST.
HOLLYWOOD FL 33024

Name

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

City

FL

Zip Code

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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID L	
STREET ADDRESS	7400 EATON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: *David Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

305-827-2811

Daytime Phone #

CR2E034 (10/00)