

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90075 030 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # K81497**  
 1. Entity Name  
**CABLE WIRING, INC.**

Principal Place of Business % NICHOLAS KARL 1420 S.W. 98TH AVE HOLLYWOOD FL 33025	Mailing Address % NICHOLAS KARL 1420 S.W. 98TH AVE HOLLYWOOD FL 33025
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2. Principal Place of Business <b>5610 RODMAN ST.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLLYWOOD FL.</b>	City & State	4. FEI Number <b>65-0142032</b>	Applied For Not Applicable
Zip <b>33023</b>	Country <b>BROWARD</b>	Zip	Country

6. Name and Address of Current Registered Agent  
**NICK, KARL**  
**1420 SW 98TH AVENUE**  
**SUITE 116**  
**PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>KARL, NICHOLAS</b> <b>1420 S.W. 98TH AVE.</b> <b>PEMBROKE PINES FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KARL, JOSEPHINE</b> <b>1420 S.W. 98TH AVE.</b> <b>PEMBROKE PINES FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nick Karl 1/5/2001 954-893-8008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U112049

CR2E034 (10/00)