

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90359 040 ***150.00

DOCUMENT # K84539

1. Entity Name

AMERICABLE INTERNATIONAL-FLORIDA-INC.

Principal Place of Business

Mailing Address

% JOAN A. HERMANOWSKI
 10711 S.W. 216 ST., #100
 MIAMI FL 33170
 US

P.O. BOX 859
 MIAMI FL 33197
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10735 SW 216 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B130

City & State

Miami, Fl.

City & State

4. FEI Number **65-0118937**

Applied For

Not Applicable

Zip

Country

Zip

Country

33170

U.S.A.

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

Name

Joan A. Hermanowski

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

10735 S.W. 216 St. #B130

City

Miami

FL

Zip Code

33170

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

Joan A. Hermanowski

2/23/01

(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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERMANOWSKI, JOAN A. 5845 COLLINS AVE. #406 MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMANOWSKI, CHARLES C. 144 RIVER MOUNTAIN DR. BOULDER CITY NV 89005	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENSLEY, RICK 9533 SW 148 AVE CIR E MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMANOWSKI, CHARLES A. 5845 COLLINS AVE. #406 MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMANOWSKI, CHARLES A 8298 BRIDLE PATH BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMANOWSKI, KIM E 1050 STILLWATER DRIVE MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Joan A. Hermanowski 5845 Collins Ave. #406 Miami Beach, Fl. 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles A. Hermanowski 8298 Bridle Path Boca Raton, Fl. 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kim E Hermanowski 5845 Collins Ave. #406 Miami Beach, Fl. 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan A. Hermanowski* **JOAN A. HERMANOWSKI** **2-23-01** **305-256-6844**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)