

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90001 039 ****50.00

DOCUMENT # L02000034562

1. Entity Name
CABLE'S USA, L.L.C.



Principal Place of Business
**536 BILTMORE WAY
CORAL GABLES, FL 33134**

Mailing Address
**536 BILTMORE WAY
CORAL GABLES, FL 33134**

2. Principal Place of Business

3. Mailing Address
4557 NW 96 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
57-1145546

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

5. Name and Address of Current Registered Agent

**CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/21/03

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURRENTINI, UMBERTO 536 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALANDRIELLO, MARIA 536 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURRENTINI, JULIETA 536 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Surrentini, Umberto 4557 NW 96 Avenue Miami, Florida 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Calandriello, Maria 4557 NW 96 Avenue Miami, Florida 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Surrentini, Julieta 4557 NW 96 Avenue Miami, Florida 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Surrentini, Francisco 4557 NW 96 Avenue Miami, Florida 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/03

Date

(305) 461-9500

Daytime Phone #

CR2E083 (10/02)