

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2001 90359 041 ***150.00

DOCUMENT # M45343

1. Entity Name
CABLE SATELLITE OF SOUTH MIAMI, INC.

Principal Place of Business Mailing Address
10711 S.W. 216 ST. **PO BOX 859**
#100 **MIAMI FL 33197**
US **US**

2. Principal Place of Business 3. Mailing Address
10735 S.W. 216 St. Suite, Apt. #, etc.
B130 Suite, Apt. #, etc.

City & State City & State
Miami, Fl.

Zip Country Zip Country
33170 **U.S.A.**

6. Name and Address of Current Registered Agent

- HERMANOWSKI, CHARLES C. -
- 10711 S.W. 216 ST. - -
- #100 -
- MIAMI FL 33170 -

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* **Joan A. Hermanowski** DATE **2/22/01**
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERMANOWSKI, CHARLES C. 144 RIVER MOUNTAIN DR. BOULDER CITY NV 89005	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMANOWSKI, JOAN A. 5845 COLLINS AVENUE #406 MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HENSLEY, RICK 9533 SW 148TH AVE CIR E MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOY, A 14625 SW 63 CT MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, JEAN A 6601 S FLAGLER DR W PALM BEACH FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/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		<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		<input 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** DATE **2-23-01** (305) 256-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)