

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90126 039 \*\*\*150.00

**DOCUMENT # M54391**

1. Entity Name

**AMERICABLE INTERNATIONAL-ROOSEVELT ROADS-INC.****80010312**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10735 SW 216 ST  
B130  
MIAMI FL 33170  
USP.O. BOX 859  
MIAMI FL 33197  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2690851

Applied For

Not Applicable

Zip

Country

Zip

Country

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****HERMANOWSKI, JOAN A**  
**10735 SW 216 ST**  
**STE B130**  
**MIAMI FL 33170**

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, 2000 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD**  
**HERMANOWSKI, JOAN A.**  
**5845 COLLINS AVENUE, #406**  
**MIAMI BEACH FL 33140**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HERMANOWSKI, CHARLES A.**  
**8298 BRIDLE PATH**  
**BOCA RATON FL 33496**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HERMANOWSKI, KIM E**  
**4801 LAKEVIEW DR**  
**MIAMI BCH FL 33140**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Hermanowski, Kim E**  
**1050 Stillwater Dr.**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**MCCARTHY, WILLIAM**  
**12510 SW 151 ST #168**  
**MIAMI FL 33156**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Miami Beach, Fl. 33141**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Joan A. Hermanowski **JOAN A. HERMANOWSKI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-2000 305-256-6844

CR2E034 (9/99)