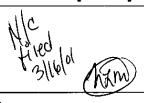
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000076623

1. Entity Name

"SIMA-CABLE-CONTRACTOR-CORPORATION...

_tech services



Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90120 050 ***150.00

Mailing_Address_

8210 WEST 30 COURT HIALEAH FL 33018

Principal Place of Business

8210 WEST 30 COURT HIALEAH FL 33018

PRROPATAT

2. Principal Place of Bus	iness · 30 WURT	3. Mailing Address 8210 W- 30 COURT) 1 1 1 1 1 1 1 1 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	L. 33012	City & State HIALEAH	FL		4. 5	El Number 5-1035763			oplied For ot Applicable
33012	Country	Zip 33012	Country			Certificate of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CASTANEDA, MARIO 8210 WEST 30 COURT HIALEAH FL 33018				Name Street Address (P.O. Box Number is Not Acceptable)					
		City			FL	Zip Cod	е		
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!!! F After MAY 1, 2001 F Make Check Payable to				will be \$550.00		10. Election Campaign Fin Trust Fund Contribution	n,	Added	0 May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
STREET ADDRESS 8210 WE	EDA, MARIO EST 30 COURT I FL 33018	☐ Delete		1			•	☐ Change·	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	Z-PAMIRO 19T 30 CBURT	¹ ♣ Delete		1	~			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete				: 11.		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 100	□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ho information a maliard with	☐ Delete	CITY	E ET ADDRESS -ST-ZiP	nation 4	19 07(3)(i). Florida Statutes I		☐ Change	Addition

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 out; 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

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #