## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 08, 2001 8:00 am DOCUMENT # P00000101046 **Secretary of State** CABLEWORKS OF BROWARD, INC. 02-08-2001 90377 002 \*\*\*150.00 Principal Place of Business Mailing Address 12120 NW 11 ST. 12120 NW 11 ST. PLANTATION FL 33323 PLANTATION FL 33323 Principal Place of Business Suite, Apt, #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-105284' Applied For MIAMI AUDERDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WASHOFSKY, MARTIN E 12120 NW 11 ST. PLANTATION FL 33323 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Z-6-0 SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intal 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT COLON JR. Delete ;R2E034 (10/00) TITLE TITLE NAME NAME COLON, ENRIQUE JR 4810 S.W. 188 AVE STREET ADDRESS STREET ADDRESS 12120 NW 11 ST. CITY-ST-ZIP CITY-ST-ZIP T. LAUDERDALE, FLORIDA PLANTATION FL 33323 - PRESIDENT Delete TITLE TITLE SONNIA COLON NAME NAME 4810 SN. 188 AVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T. LANDERDALE *33*332 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 frustee 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR