

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90377 002 \*\*\*150.00

**DOCUMENT # P00000101046**

1. Entity Name  
**CABLEWORKS OF BROWARD, INC.**

Principal Place of Business 12120 NW 11 ST. PLANTATION FL 33323	Mailing Address 12120 NW 11 ST. PLANTATION FL 33323
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2. Principal Place of Business 4810 S.W. 188 AVE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 592842 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FT. LAUDERDALE, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-1052847	Applied For Not Applicable
Zip 33332	Country U.S.A.	Zip 33159	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WASHOFSKY, MARTIN E 12120 NW 11 ST. PLANTATION FL 33323	7. Name and Address of New Registered Agent Name ENRIQUE COLON JR. Street Address (P.O. Box Number is Not Acceptable) 4810 S.W. 188 AVE City FT. LAUDERDALE FL Zip Code 33332
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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: *Enrique Colon Jr.* DATE: 2-6-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME COLON, ENRIQUE JR	TITLE PRESIDENT	NAME ENRIQUE COLON JR.
STREET ADDRESS 12120 NW 11 ST.	CITY-ST-ZIP PLANTATION FL 33323	STREET ADDRESS 4810 S.W. 188 AVE	CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33332
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: *Enrique Colon Jr.* DATE: 2/6/01 DAYTIME PHONE #: (305) 219-9752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR1500

CR2E034 (10/00)