## **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90104 025 \*\*\*150.00

	P01000017401	
<ol> <li>Entity Name</li> </ol>	1.1021	

MIAMI	TELCO AND CABLE E	QUIPMENT, IN	ic.		
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2. Principal I	Place of Business	3. Mailing Address			
Suite, Apt	W 109 AVE	317 NW 109 Suite, Apt. #, etc.	AVE.	PO NOTUR	75 44 7 49 05 4 55
#9	. #, C(C,	#9		DO NOT WR	ITE IN THIS SPACE
City & Sta		City & State  MIAMI FL		4. FEI Number 65–108	1152 Applied For Not Applicable
Zip	Country	Zip 33172	Country	5Certificate of Status Desired-	\$8.75 Additional
33172		33172		7. Name and Address of Curren	Fee Required t Registered Agent
		The second secon	Name CORI	DOVA, ANGEL D.	
	DO NOT WE	gay the first the first of the first of the second		(P.O. Box Number is Not Acceptable NW 42 AVE. #416	e)
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79.78 A.	January and the state of the st		City MIAN	мт	Zip Code
8 The above	anamed entity submits this statement for t	he surpose of changing its	the state of the s		FL   Zip Code 33126
o. The above	Trained entity submits this statement for t	ine purpose of changing its	registered office of registe	_	<i>i</i>
SIGNATURE .		7			102
	Signature, typed or printed name of registered agent and		E: Registered Agent signature require	d when reinstating)	DATE
<ol><li>This corporate Tax filing </li></ol>	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May	lay 1∘Fee is \$150.00 1, Fee is \$550.00	<b>10.</b> Election Campaign Fir	
	ria on back)	Amender Make Check Payab	d UBR is \$61.25 le to Department of Sta	्रेक्टि Trust Fund Contributio	on. Added to Fees
11.	OFFICERS AND DI		The way on the man with	and the second s	and was made and a second was now you man of the
TITLE NAME	PD RIZZO, JORGE		TITLE		
TREET ADDRESS	317 NW 109 AVE #	9	STREET ADDRESS		<b>经验证的证据的证据的</b>
CITY-ST-ZIP	MIAMI, FL. 33172		CITY-ST-ZIP		
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STREET ADDRESS	445 GRAND BAY DR	IVE #401	STREET ADDRESS	STATE OF STATE	
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AME TOSET ADDRESS			NAME		اً النهائية في المراجع المراجع المواجعة في المراجع المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة والمراجعة المراجعة المراجعة المراجعة في المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة والمراجعة المراجعة ا
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		•.	TITLE NAME STREET ADDRESS		A STATE OF THE STA

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JORGE RIZZO PRES.