

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 025 ***150.00

DOCUMENT # P01000017401 ✓

1. Entity Name

MIAMI TELCO AND CABLE EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
317 NW 109 AVE

Suite, Apt. #, etc.
#9

City & State
MIAMI FL

Zip
33172

Country

3. Mailing Address
317 NW 109 AVE.

Suite, Apt. #, etc.
#9

City & State
MIAMI FL

Zip
33172

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

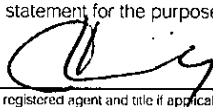
7. Name and Address of Current Registered Agent

Name
CORDOVA, ANGEL D.

Street Address (P.O. Box Number is Not Acceptable)
780 NW 42 AVE. #416

City **MIAMI** **FL** Zip Code **33126**

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 **X** 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐


January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIZZO, JORGE 317 NW 109 AVE #9 MIAMI, FL. 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **X**  **JORGE RIZZO PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02