FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-13-2002 90161 036 ***150.00

DOCUMENT # P01000029835

1. Entity Name
FIRST CABLE, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE 93125

2. Principal Place of Business	3. Mailing Address
101 GARDENS DR	101 GARDENS DR
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33069 Country USA	Zip 33069 Country USA

4. FEI Number 94-3391784 ☐ 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 EXPERT ACCOUNTING & TAX SERVICE, INC

Street Address (P.O. Box Number is Not Acceptable) 1901 E. ATLANTIC BLVD

City POMPANO BEACH FL Zip Code 33060

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.) _____ (REQUIRED when reinstating) DATE 04/27/02

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	SECRETARY
NAME	CLAUDIO M. TEIXEIRA
STREET ADDRESS	101 GARDENS DR # 201
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	CLAUDIO M. TEIXEIRA
STREET ADDRESS	101 GARDENS DR # 201
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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: _____ 04.27.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #