

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90023 011 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**2003-UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> 1. Entity Name  DANIEL'S CABLE, CORP	P01000048702
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70056289

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<b>2. Principal Place of Business</b> 3830 LYONS RD Suite, Apt. #, etc. # 211	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.
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<b>City &amp; State</b> COCONUT CREEK, FL	<b>City &amp; State</b>	<b>4. FEI Number</b> 65-1104098	<b>Applied For</b> Not Applicable
<b>Zip</b> 33073	<b>Country</b> DADE	<b>Zip</b>	<b>Country</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> ALIX DERLY LOZANO
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3830 LYON RD #211
<b>City</b> MIAMI
<b>FL</b>
<b>Zip Code</b> FL

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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**  **VICE-PRESIDENT** **4/29/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> GARCIA SERGIO
<b>STREET ADDRESS</b> 3830 LYONS RD # 211	<b>CITY-ST-ZIP</b> COCONUT CREEK FL 33073
<b>TITLE</b> VD	<b>NAME</b> LOZANO ALIX DERLY
<b>STREET ADDRESS</b> 3830 LYONS RD # 211	<b>CITY-ST-ZIP</b> COCONUT CREEK FL 33073
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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**11.**

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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE**  **SEGIO GARCIA (PD)** **3/29/2003** **(954) 978-8630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #