

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-01-2002 90167 001 ****70.00

P01000076071

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P01000076071**

1. Entity Name

DIRECT CABLE SATELLITE, INC.

02 AUG -1 PM 4: 01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2850 Stirling Rd

Suite, Apt. #, etc.

Suite D

City & State

Hollywood Florida

Zip

33020

Country

U.S.

3. Mailing Address

2850 Stirling Rd

Suite, Apt. #, etc.

Suite D

City & State

Hollywood Florida

Zip

33020

Country

U.S.

4. FEI Number

65-1127655

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Freyre, Lizete**

Street Address (P.O. Box Number is Not Acceptable)

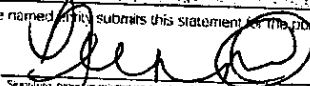
11450 NW 4th Lane

City **Miami**

FL

Zip Code
33172

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, if applicable.

(NOTE: Registered Agent signature indicated when withdrawing)

6/1/02
DATE

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 \$81.25

☒ 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 **PD**
NAME **Freyre, Lizete**
STREET ADDRESS **11450 NW 4th Lane**
CITY-ST-ZIP **Miami, Florida 33172**

TITLE **D**
NAME **Cardenas Henry**
STREET ADDRESS **2690 NE 135th Street**
CITY-ST-ZIP **North Miami, Florida**

TITLE **S**
NAME **George Guzman**
STREET ADDRESS **4000 Harding St**
CITY-ST-ZIP **Hollywood, Florida 33021**

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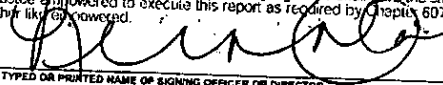
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 information.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/1/02

Daytime Phone #

CR2E034B (12/01)