

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90086 039 ***163.75

DOCUMENT # *PO 1000079413*

1. Entity Name

DIGITAL CABLE SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11731 SW 99 LANE

Suite, Apt. #, etc.

3. Mailing Address

11731 SW 99 LN

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number

05-1128999

Applied For

Not Applicable

Zip
33186

Country
WA.

Zip
33186

Country
WA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FATIMA GARCIA

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

11731 SW 99 LANE

City
MIAMI

FL

Zip Code
33186

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

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 \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *P*
NAME *FATIMA GARCIA*
STREET ADDRESS *11731 SW 99 LANE*
CITY-STATE-ZIP *MIAMI FL 33186*

TITLE *V/T*
NAME *KEVIN VARGAS*
STREET ADDRESS *15545 SW 112 DR*
CITY-STATE-ZIP *MIAMI FL 33196*

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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)(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:

Fatima Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02

Daytime Phone #

CR2E034B (12/01)