

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

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03-27-2003 90065 047 ***158.75

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1. Entity Name
H.R.H. CABLE SERVICES, INC.

Principal Place of Business
836 NE 2 AVE
FT LAUDERDALE FL 33304

Mailing Address
836 B
836 NE 2 AVE
FT LAUDERDALE FL 33304



2. Principal Place of Business
836 B NE 2 AVE
Suite, Apt. #, etc.

3. Mailing Address
836 B NE 2 AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale FL

4. FEI Number 65-1128109

Applied For
Not Applicable

Zip 33304 Country Broward

Zip 33304 Country Broward

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCH, BRUCE W
11401 NW 27 STREET
PLANTATION FL 33323

Hoch, Bruce W
836 B NE 2 AVE
Ft Lauderdale, FL
33304

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME HOCH, BRUCE W
STREET ADDRESS 11401 NW 27 STREET
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

TITLE VP
NAME Bruce W. Hoch
STREET ADDRESS 836 B NE 2 AVE
CITY-ST-ZIP Ft Lauderdale, FL 33304 ☒ Change ☐ Addition

TITLE P
NAME REID, DAVID H
STREET ADDRESS 1222 FLAGLER DR
CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME HEINLEIN, JOSEPH
STREET ADDRESS 5290 SW 4 STREET
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE President
NAME Joseph Heinlein
STREET ADDRESS 5290 SW 4 St
CITY-ST-ZIP Plantation, FL 33317 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A Heinlein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A Heinlein 2/10/03 (954) 1506
Date Day/Time Phone #

CR2E034 (10/02)