

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90037 034 ***150.00

DOCUMENT # **P01000095301**

1. Entity Name

EASY CABLE CONNECTION INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15745 SW 105 CT

Suite, Apt. #, etc.

3. Mailing Address

15745 SW 105 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1141752

Applied For

Not Applicable

Zip

33157

Country

2

Zip

33157

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAVIER DEVORA

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

15745 SW 105 CT

City

MIAMI

FL

Zip Code

33157

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAVIER DEVORA
15745 SW 105 CT
MIAMI FL 33157

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)