

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91013 040 ***150.00

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

DOCUMENT # **P02000021223**

1. Entity Name

CABLING STELECOM CORP.



10046511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8846 SW 72 ST.

3. Mailing Address

8846 SW 72 ST

Suite, Apt. #, etc.

H-250

Suite, Apt. #, etc.

H-250

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

Zip

33173

Country

4. FEI Number

04-3611988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GARCIA REINAIDO

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

8846 SW 72 ST H-250

City **MIAMI**

FL

Zip Code **33173**

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

SIGNATURE

Sign date, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GARCIA REINAIDO
8846 SW 72 ST H-250
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GARCIA REY
8846 SW 72 ST H-250
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/03

Date

Daytime Phone

CR2E034B (12/02)