2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000109978

1. Entity Name

JSF CABLE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90232 036 ***150.00

						GOO WE TO						
Principal Place of Business 9809 MAJESTIC WAY BOYNTON BEACH FL 33437			Mailing Address 9809 MAJESTIC WAY . BOYNTON BEACH FL 33437						BINE			
2. Principal F	Place of Busin	ness	3. Ma	iling Address		-						
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKING	CHANGES	<u>:</u>	
City & State			City & State				4.	4. FEI Number Applied For				
Zip Country			Zip Count			ntry	5.	5. Certificate of Status Desired \$8.75 Additional				
6. Name and Address of Current Registered Agent					L					ee Require	ed	
	b. Name		Register	ed Agent		Ni		Name and Address of New F	legistered A	gent	<u>.</u>	
EDIEDIJAA OTEME				Name								
FRIEDMAN, STEVE				Street Addres			ress (PO F	(P.O. Box Number is Not Acceptable)				
9809 MAJESTIC WAY						o a contract	1000 (1.0. 2	sox (valinger is Not Acceptable	7)			
BOYNTO	N BEACH F	L 33437				· ·						
						City			FL	Zip Coo	ie	
8. The above the obligat	named entity ions of regist	y submits this statement fo ered agent.	r the purp	oose of changing its	registere	ed office or re	gistered ag	gent, or both, in the State of Flo	orida. I am fa	 miliar with,	and accept	
SIGNATURE .		or printed name of registered agent	and title if any	North Alexander	E. Pagistara	d Agent signature ri						
	oignataro, typoo	or printed trains or registered agont	and title is app	Jilcacie. (NOTE	negistere	a Agent signature n	equirea when n	einstating)	DATE			
After	May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department o	l Ctata					9. Election Campaign Fir Trust Fund Contributio			00 May Be	
	rayable to											
10.		OFFICERS AND	DIRECTO	RS	11.		AC	DITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
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2. I hereby co	ertify that the	information supplied with	this filing	does not qualify for	the exen	nption stated i	n Section 1	19.07(3)(i), Florida Statutes, I	further certify	that the ir	formation	

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: