

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90007 049 ***150.00

DOCUMENT # P94000053709

1. Entity Name
ADVANCED BUSINESS CABLING, INC.

Principal Place of Business
4425 PARKBREEZE COURT
ORLANDO FL 32808
US

Mailing Address
4425 PARKBREEZE COURT
ORLANDO FL 32808
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

214 N. Goldenrod Road

3. Mailing Address

214 N. Goldenrod Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-11

A-11

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32807 USA

32807 USA

4. FEI Number **65-0510427**

Applied For
 Not Applicable

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

DAVIS, RONALD L P.A.
SKYLAKE STATE BANK BLDG.
1550 NE MIAMI GARDENS DR., SUITE 407
N. MIAMI BEACH FL 33179

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4-10-01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HERNANDEZ, OMAR**
 STREET ADDRESS **602 TERRACE COVE WAY**
 CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE **S** ☐ Delete
 NAME **HERNANDEZ, LUISA M**
 STREET ADDRESS **602 TERRACE COVE WAY**
 CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

407-275-6677

Daytime Phone #

CR2E034 (10/00)