

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90070 039 ***150.00

DOCUMENT # P94000053709

1. Entity Name
ADVANCED BUSINESS CABLING, INC.

Principal Place of Business

**214 N GOLDEN ROAD ROAD
A-11
ORLANDO FL 32807
US**

Mailing Address

**214 N GOLDEN ROAD ROAD
A-11
ORLANDO FL 32807
US**

2. Principal Place of Business

602 TERRACE COVE WAY

3. Mailing Address

12472 LAKE UNDERHILL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

City & State

ORLANDO, FL 32828

City & State

ORLANDO, FL

Zip

Country

32828 U.S.A.

Zip

Country

32828 U.S.A.

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

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

7. Name and Address of New Registered Agent

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

4-5-02 407-275-6677

CR2E034 (9/01)