

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011726

1. Entity Name

ACME COMPUTER CABLING, INC.

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

08-09-2001 90046 024 \*\*\*550.00

0170759

Principal Place of Business  
 1521 ALTON ROAD  
 337  
 MIAMI FL 33139

Mailing Address  
 1521 ALTON ROAD  
 337  
 MIAMI FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

3. Mailing Address  
 316 NW 45th Ct.  
 Suite, Apt. #, etc.  
 City & State  
 FT. LAUDERDALE FL  
 Zip  
 33309  
 Country  
 US

4. FEI Number 65-0639306  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WILLIAMS, STEVEN R  
 315 NW 45TH COURT  
 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent  
 Name  
 WILLIAMS STEVEN R  
 Street Address (P.O. Box Number is Not Acceptable)  
 316 NW 45th COURT  
 City  
 FT. LAUDERDALE FL  
 Zip Code  
 33309

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, STEVE R	
STREET ADDRESS	1521 ALTON ROAD #337	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

08-01-01

Date

954-776-9409

Daytime Phone #

CR2E034 (10/00)