

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091322

1. Entity Name

W & L CABLE, INC.

FILED

00 AUG 28 PM-2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1261 NW 55 AVENUE
LAUDERHILL, FL 33313

2. Principal Place of Business

1261 NW 55 AVE

Suite, Apt. #, etc.

3. Mailing Address

1261 NW 55 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

4. FEI Number

65-0713707

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

33313

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM WOOLERY
1261 NW 55 AVENUE
LAUDERHILL, FL 33313

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: WILLIAM WOOLERY
STREET ADDRESS: 1261 NW 55 AVENUE
CITY-ST-ZIP: LAUDERHILL, FL 33313

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TITLE:
NAME:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VICE PRESIDENT
NAME: TIDLY C. COKE
STREET ADDRESS: 1261 NW 55 AVENUE
CITY-ST-ZIP: LAUDERHILL, FL 33313

☐ Change

X Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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☐ Addition

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:

William Woolery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-2000

Date

Daytime Phone #

CR2E034 (9/99)