

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90141 034 ***150.00

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DOCUMENT # P98000082436

1. Entity Name
UNITED CABLE COMMUNICATIONS GROUP OF ORLANDO, INC.



Principal Place of Business
**250 SW 13TH AVE
POMPANO BEACH FL 33069**

Mailing Address
**250 SW 13TH AVE
POMPANO BEACH FL 33069**

2. Principal Place of Business

1405 Poinsettia Dr

3. Mailing Address

1405 Poinsettia Dr

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

11

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

U.S.

Zip

33444

Country

U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0875689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAGINELLA, GARY
250 SW 13TH AVE
POMPANO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DAGINELLA, GARY**
STREET ADDRESS **2946 N.W. 60TH STREET.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
NAME **CARRAFA, MICHAEL H**
STREET ADDRESS **2946 N.W. 60TH STREET.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
NAME **TUCCIO, KENNETH**
STREET ADDRESS **2946 N.W. 60TH STREET.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03 (561) 266-7340

CR2E034 (10/02)