2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36392

FILED
00 FEB -7 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
O & M CABLE CORP.

Principal Place of Business: ~~6431 COWPEN ROAD MIAMI LAKES FL 33014~~
Mailing Address: ~~6431 COWPEN ROAD MIAMI LAKES FL 33014-6601~~

2. Principal Place of Business: 4760 Cherry Laurel Lane
Suite, Apt. #, etc.: Delray Beach
City & State: FLA
Zip: 33445
Country:

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0307538 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECHTMAN, MICHAEL
17001 NE 6TH AVENUE
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name: MARTIN COMART
Street Address (P.O. Box Number is Not Acceptable): 4760 Cherry Laurel Lane
City: Delray Beach FL Zip Code: 33445

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: Martin Comart
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 ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D COMART, MARTIN 6431 COWPEN ROAD MIAMI LAKES FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003136399--8 -02/15/00--01112--01 ****158.75 ****158.75
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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: Martin Comart MARTIN COMART V-P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (8/99)