

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000184**

1. Entity Name
US CABLE HOLDINGS, LP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 10 AM 9:46

Principal Place of Business
**28 WEST GRAND AVENUE
MONTVALE NJ 07645**

Mailing Address
**28 WEST GRAND AVENUE
MONTVALE NJ 07645-2100**



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

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

4. FEI Number ☒ Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$27,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F97000003185	STREET ADDRESS	STREET ADDRESS	300003225499	8
NAME	US CABLE OF LAKE FOREST, INC.	CITY - ST - ZIP	CITY - ST - ZIP	-04/26/00--01092--035	
STREET ADDRESS	28 WEST GRAND AVENUE			*****8.75	*****8.75
CITY - ST - ZIP	MONTVALE NJ 07645				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	AR 189.00	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	88.75	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	ARSUPP	
CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	277.75	
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	300003225499	8
NAME		CITY - ST - ZIP	CITY - ST - ZIP	-04/26/00--01092--035	
STREET ADDRESS				*****269.00	*****269.00
CITY - ST - ZIP		STREET ADDRESS	STREET ADDRESS		
DOCUMENT #		CITY - ST - ZIP	CITY - ST - ZIP		
NAME		STREET ADDRESS	STREET ADDRESS		
STREET ADDRESS		CITY - ST - ZIP	CITY - ST - ZIP		
CITY - ST - ZIP		STREET ADDRESS	STREET ADDRESS		
DOCUMENT #		CITY - ST - ZIP	CITY - ST - ZIP		
NAME		STREET ADDRESS	STREET ADDRESS		
STREET ADDRESS		CITY - ST - ZIP	CITY - ST - ZIP		
CITY - ST - ZIP		STREET ADDRESS	STREET ADDRESS		

INVOICE APPROVAL

APPROVED BY _____ DATE _____

CHKD. BY _____ DATE _____

HQTRS APPRVL _____ DATE _____

DATE PAID _____ ACCT# _____

CHECK# _____

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

DATE _____ DAYTIME PHONE # _____