

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F90065**

1. Entity Name

NATIONAL CARRIER NETWORK, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90120 032 ***150.00

Principal Place of Business

% RAYMOND A. KASSIS
1150 WEST KING STREET
COCOA FL 32922

Mailing Address

% RAYMOND A. KASSIS
1150 WEST KING STREET
COCOA FL 32922-8618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2878144Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KASSIS, RAYMOND A.**
1150 WEST KING STREET
COCOA FL 32922**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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KASSIS, RAYMOND A.	
STREET ADDRESS	1150 WEST KING STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, NONIE L.	
STREET ADDRESS	1150 WEST KING STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AZRAK, AGNES	
STREET ADDRESS	135 WINDSOR PLACE	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASSIS, KIMBERLY	
STREET ADDRESS	1150 W KING ST	
CITY-ST-ZIP	COCOA FL 32922	
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		
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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

Date

Daytime Phone #

RAYMOND A. KASSIS 1-20-00