

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001058

1. Entity Name

NORTH AMERICAN COMMUNICATIONS CONTROL, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90302 029 \*\*\*150.00

Principal Place of Business

Mailing Address

114 EAST 32ND STREET  
SUITE 401  
NEW YORK NE 10016  
US

114 EAST 32ND STREET  
SUITE 401  
NEW YORK NE 11746-3632  
US

2. Principal Place of Business

3. Mailing Address

33 Walt Whitman Road

33 Walt Whitman Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 217

Suite 217

City & State

City & State

Huntington Station, NY

Huntington Station, NY

Zip

Country

Zip

Country

11746

USA

11746

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3150961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP ☐ Delete  
NAME CACCAMO, FRANK  
STREET ADDRESS 599 6TH AVE  
CITY-ST-ZIP EAST NORTHPORT NY 11731

TITLE President ☒ Change ☐ Addition  
NAME Caccamo II, Frank  
STREET ADDRESS 127 Adams Street  
CITY-ST-ZIP Centertown, NY 11721

TITLE DCEO ☐ Delete  
NAME GLUCK, JACK  
STREET ADDRESS 333 ISLAND AVE.  
CITY-ST-ZIP WOODMERE NY 11598

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC ☐ Delete  
NAME FRAGIN, GARY S  
STREET ADDRESS 64 OSBORNE RD  
CITY-ST-ZIP HARRISON NY 10528

TITLE Chairman ☒ Change ☐ Addition  
NAME Fragin, Gary  
STREET ADDRESS 4925 Arlington Road  
CITY-ST-ZIP Riverdale, NY 10471

TITLE P ☐ Delete  
NAME MILERA, JAMES  
STREET ADDRESS 338 ELWOOD RD  
CITY-ST-ZIP EAST-NORTHPORT-NY 11731

TITLE Director ☒ Change ☐ Addition  
NAME Milana, James  
STREET ADDRESS 702 Foch Boulevard  
CITY-ST-ZIP Williston Park, NY 11596

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)