

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90003 026 ***150.00

DOCUMENT # F96000001058

1. Entity Name

NORTH AMERICAN COMMUNICATIONS CONTROL, INC.

Principal Place of Business

**33 WALT WHITMAN ROAD
SUITE 217
HUNTINGTON STATION NY 11746
US**

Mailing Address

**33 WALT WHITMAN ROAD
SUITE 217
HUNTINGTON STATION NY 11746
US**

2. Principal Place of Business

789 Park Ave

Suite, Apt. #, etc.

2nd Floor

City & State

Huntington, NY

Zip

11743

Country

3. Mailing Address

789 Park Ave

Suite, Apt. #, etc.

2nd Floor

City & State

Huntington, NY

Zip

11743

Country



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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	CACCUMO, FRANK II	
STREET ADDRESS	127 ADAMS STREET	
CITY-ST-ZIP	CENTERPORT NY 11721	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	GLUCK, JACK	
STREET ADDRESS	333 ISLAND AVE.	
CITY-ST-ZIP	WOODMERE NY 11598	
TITLE	C	<input type="checkbox"/> Delete
NAME	FRAGIN, GARY	
STREET ADDRESS	4925 ARLINGTON ROAD	
CITY-ST-ZIP	RIVERDALE NY 10471	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILANA, JAMES	
STREET ADDRESS	702 FOCH BLVD	
CITY-ST-ZIP	WILLISTON PARK NY 11596	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

James Milana President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2001
Date

631-673-1400
Daytime Phone #

CR2E034 (10/00)