

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90032 022 ****61.25

DOCUMENT # F99000003532

1. Entity Name

THE CAUCASUS NETWORK, INC.

Principal Place of Business

Mailing Address

**8886 LIVINGSTON WAY
 BOYNTON BEACH FL 33474-0147**

**8886 LIVINGSTON WAY
 BOYNTON BEACH FL 33474-0147**

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

13-3451433

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

**KENVIN, HELENE
 8886 LIVINGSTON WAY
 BOYNTON BEACH FL 33437**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVC	<input type="checkbox"/> Delete
NAME	KENVIN, HELENE	
STREET ADDRESS	8886 LIVINGSTON WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KENVIN, HOWARD	
STREET ADDRESS	8886 LIVINGSTON WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHWARTZ, BARRY A	
STREET ADDRESS	225 HARVARD AVENUE	
CITY-ST-ZIP	ROCKVILLE CENTER NY 11510	
TITLE	TC	<input type="checkbox"/> Delete
NAME	ELLMAN, GOLDIE	
STREET ADDRESS	12 CELIA COURT	
CITY-ST-ZIP	SUFFERN NY 10901	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helene Kenvin
HELENE KENVIN

1/8/02

501-734-0255

CR2E037 (9/01)