

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90075 001 \*\*\*158.75

**DOCUMENT # F99000006710**

1. Entity Name  
**NORTH AMERICAN CABLE EQUIPMENT, INC.**

Principal Place of Business  
**1085 ANADREW DR.  
#A  
WEST CHESTER PA 19380**

Mailing Address  
**1085 ANADREW DR.  
#A  
WEST CHESTER PA 19380**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-2692118**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~KALISH, GENE~~  
**5415 NW 24TH ST  
BAY 102  
MARGATE FL 33063**

Name **MICHAEL BUSCH**  
Street Address (P.O. Box Number is Not Acceptable)  
**SAME**  
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 *Michael D. Owens* **COMPTROLLER**  
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, 2002 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 **C** ☐ Delete  
NAME **SAGER, ED**  
STREET ADDRESS **570 NOTTINGHAM DRIVE**  
CITY-ST-ZIP **YARDLEY PA 19067**

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

TITLE **P** ☐ Delete  
NAME **STARR, AARON**  
STREET ADDRESS **1704 NEW MARKET COURT**  
CITY-ST-ZIP **WEST CHESTER PA 19382**

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

TITLE **V** ☐ Delete  
NAME **RUFO, LAWRENCE**  
STREET ADDRESS **193 HERITAGE LANE**  
CITY-ST-ZIP **EXTON PA 19341**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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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: *Michael D. Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 610/429-1821  
Date Daytime Phone #

CR2E034 (9/01)