

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21187

1. Entity Name

NETWORKS-U.S.A. XIV, INCORPORATED

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90162 001 *5,267.50

Principal Place of Business

650 WEST AVE.
PH-14
MIAMI BEACH FL 33139
US

Mailing Address

P.O. BOX 398750
MIAMI BEACH FL 33239

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

NOTE: NEW ADDRESS
PO BOX 816899

HOLLYWOOD, FL 33081-6999

City & State
3537 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021

Zip

Zip

Country

4. FEI Number

65-0049782

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

FELDMAN, JEROME
650 WEST AVE PH14
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

3537 EMERALD OAKS DRIVE

City

HOLLYWOOD, FL 33021

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FELDMAN, JEROME
650 WEST AVE PH14
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3537 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FELDMAN, MICHAEL
650 WEST AVE PH14
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3537 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FELDMAN, JASON
650 WEST AVE. PH14
MIAMI BEACH FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3537 EMERALD OAKS DRIVE
HOLLYWOOD, FL 33021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

CR2E034 (10/00)