

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K30649

1. Entity Name

NETWORKS-U.S.A. XVII, 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 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NOTE: NEW ADDRESS

City & State  
3537 EMERALD OAKS DRIVE  
HOLLYWOOD, FL 33021

City & State  
PO BOX 816999  
HOLLYWOOD, FL 33081-6999

4. FEI Number 65-0065328

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  
HOLLYWOOD, FL 33021

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

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

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

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

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

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

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  
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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)