

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90162 001 *5,267.50

0501652

DOCUMENT # M42513

1. Entity Name

NETWORKS-U.S.A. I, INCORPORATED

Principal Place of Business

**650 WEST AVE.
 P-14
 MIAMI BEACH FL 33139**

Mailing Address

**P.O. 398750
 MIAMI BEACH FL 33239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NOTE: NEW ADDRESS

**3537 EMERALD OAKS DRIVE
 HOLLYWOOD FL 33021**

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

Zip Country

FL 33021

Zip Country

4. FEI Number **59-2744035**

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 W. AVE PH14
 MIAMI BEACH FL 33139**

Name

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

City

**3537 EMERALD OAKS DRIVE
 HOLLYWOOD, FL 33021**

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

Jerome Feldman

4/18/2001

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 PH-14**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **TD** ☐ Delete
 NAME **FELDMAN, MICHAEL**
 STREET ADDRESS **650 WEST AVE PH-14**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **SD** ☐ Delete
 NAME **FEIDMAN, JASON**
 STREET ADDRESS **650 WEST AVE PH-14**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Feldman

Date

Daytime Phone #

4/18/01 954-981-0500

CR2E034 (10/00)