

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42514

1. Entity Name

NETWORKS-U.S.A. II, 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  
US

Mailing Address

P.O. BOX 398750  
MIAMI BEACH FL 33239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NOTE: NEW ADDRESS

PO BOX 816899

City & State

City & State

HOLLYWOOD, FL 33081-6999

4. FEI Number

59-2742847

Applied For

Not Applicable

3537 EMERALD OAKS DRIVE  
HOLLYWOOD, FL 33021

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

FELDMAN, JEROME  
650 W. AVE PH14  
MIAMI BEACH FL 33131

Name

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

City

3537 EMERALD OAKS DRIVE  
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 PD  
NAME FELDMAN, JEROME  
STREET ADDRESS 650 WEST AVE - PH14  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

CR2E034 (10/00)