

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083078

1. Entity Name

UNITED CABLE COMMUNICATIONS GROUP INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90045 007 ***150.00

Principal Place of Business

2940 NW 60 ST
FT LAUDERDALE FL 33309
US

Mailing Address

2946 NW 60 ST
FT LAUDERDALE FL 33309-1735
US

2. Principal Place of Business

250 SW 13th AVE
Suite, Apt. #, etc.

3. Mailing Address

250 SW 13th AVE
Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip
33069

Country

City & State

Pompano Beach FL

Zip
33069

Country

4. FEI Number

65-0573067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRAFA, MICHAEL H
5012 NW 59 WAY
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

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

2642 NE 7TH STREET

City
POMPAÑO BCH

FL

Zip Code
33062

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAGINELLA, GARY
9711 NW 52 PLACE
CORAL SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CARRAFA, MICHAEL
5642 NW 64 LANE
CORAL SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2642 NE 7TH STREET
POMPAÑO BCH, FL 33062
☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 #

3/8/00 934-785-4112

CR2E034 (9/99)