

2001 UNIFORM BUSINESS REPORT (UBR)

3/1/01

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-01-2001 90024 030 ***150.00

DOCUMENT # P99000018455

1. Entity Name

UNITED CABLE GROUP, INC.

Principal Place of Business

**250 SW 13TH AVENUE
POMPANO BEACH FL 33060**

Mailing Address

**250 SW 13TH AVENUE
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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 59TH WAY
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRAFA, MICHAEL H 5012 NW 59TH WAY CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAGINELLA, GARY 4901 NW 103RD AVE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

1/31/01

954-785-4112

CR2E034 (10/00)

Form **SS-4**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMS No. 1545-0003

1 Name of applicant (legal name) (see instructions)	
UNITED CABLE GROUP, INC.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)
250 SW 13TH AVENUE	
4b City, state, and ZIP code	5b City, state, and ZIP code
POMPANO BEACH FL 33060	
6 County and state where principal business is located	
BROWARD, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions) ►	
CARRARA MICHAEL	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ► PRIVATE FOR PROFIT	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

02/15/1999

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ► REPAIRS AND CABLE INSTALLATION

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ►

☐ Yes☐ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

Note: If "Yes," please complete lines 17b and 17c.

☐ Yes☐ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(954) 785-4112

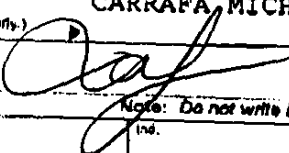
Fax telephone number (include area code)

(954) 785-4114

Name and title (Please type or print clearly.)

CARRARA MICHAEL

Signature ►



Date ►

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see page 4.
OKA

Form SS-4 (Rev. 2-98)