

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038487

1. Entity Name

STEVENS POINT WIRELESS CABLE TV CORPORATION

FILED

00 FEB 14 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3957 NORTHEAST 163RD STREET
MIAMI FL 33160

3957 NORTHEAST 163RD STREET
MIAMI FL 33160-4125

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

65-0924448

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

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

Name Eric Lefkowitz

Street Address (P.O. Box Number is Not Acceptable)
3957 NE 163rd St.

City North Miami Beach

FL

Zip Code 33160

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, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

2/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.E.O.	<input type="checkbox"/> Delete
NAME	MEI ROSEN	
STREET ADDRESS	3957 NE 163rd St	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	C.O.O.	<input type="checkbox"/> Delete
NAME	Adam Taylor	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Dennis Devlin	
STREET ADDRESS	3957 NE 163rd St	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Scott Housefield	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Larry Winestein	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Nickolas van der Linden	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	

TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Lefkowitz	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	C.F.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dominique Sada	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/00

305-947-3010

CR2E034 (9/99)