

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039453

1. Entity Name

LA CROSSE WIRELESS CABLE TV CORPORATION

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90070 034 \*\*\*150.00

Principal Place of Business

Mailing Address

3957 NORTHEAST 163RD STREET  
MIAMI FL 33160

3957 NORTHEAST 163RD STREET  
MIAMI FL 33160-4125

615016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0925182

Applied For

Not Applicable

Zip

Country

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

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, typed 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. ☐ Delete  
NAME Mel Rosen  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP N. Miami Beach, FL 33160

TITLE Executive Vice President ☐ Change ☒ Addition  
NAME Eric Lefkowitz  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP North Miami Beach, FL 33160

TITLE C.O.O. ☐ Delete  
NAME Adam Taylor  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP N. Miami Beach, FL 33160

TITLE C.F.O. ☐ Change ☒ Addition  
NAME Dominique Sada  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP North Miami Beach, FL 33160

TITLE Director ☐ Delete  
NAME Dennis Devlin  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP N. Miami Beach, FL 33160

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

TITLE Director ☐ Delete  
NAME Scott Housefield  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP N. Miami Beach, FL 33160

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

TITLE Director ☐ Delete  
NAME Larry Weinstein  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP N. Miami Beach, FL 33160

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

TITLE Director ☐ Delete  
NAME Nickolas van der Linden  
STREET ADDRESS 3957 NE 163rd Street  
CITY-ST-ZIP N. Miami Beach, FL 33160

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

2/7/00

Date

305-947-3010

Daytime Phone #

CR2E034 (9/99)