

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90130 036 ***150.00

DOCUMENT # P00000001064

1. Entity Name
FLORIDA CUSTOM SATELLITE CORP.

Principal Place of Business

~~749 NW 132ND COURT~~
~~MIAMI FL 33182~~

7830 N.W. 72 Ave.
Miami FL 33166

Mailing Address

~~749 NW 132ND COURT~~
~~MIAMI FL 33182~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0971309**

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

DIAZ, PEDRO L
749 NW 132ND COURT
MIAMI FL 33182

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] **PEDRO DIAZ**

1/29/02

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, 2002 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	D - President	<input type="checkbox"/> Delete
NAME	DIAZ, PEDRO L	
STREET ADDRESS	749 NW 132ND COURT	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VP - D	<input type="checkbox"/> Delete
NAME	Diaz Arlene	
STREET ADDRESS	749 NW 132 Court	
CITY-ST-ZIP	Miami FL 33182	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Diaz Arlene	
STREET ADDRESS	749 NW 132 COURT	
CITY-ST-ZIP	Miami, FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diaz Arlene	
STREET ADDRESS	749 NW 132 Court	
CITY-ST-ZIP	Miami FL 33182	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diaz Arlene	
STREET ADDRESS	749 NW 132 COURT	
CITY-ST-ZIP	Miami, FL 33182	
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		
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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02

305-888-0072

CR2E034 (9/01)