

2000 UNIFORM BUSINESS REPORT

DOCUMENT # 615481

1. Entity Name

SATELLITE INDUSTRIES, INC.

Principal Place of Business

234 S.W. 32ND STREET
P. O. BOX 21684
FT. LAUDERDALE FL 33335

Mailing Address

234 S.W. 32ND STREET
P. O. BOX 21684
FT. LAUDERDALE FL 33335-1684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R.
507 SE 11TH COURT
FT. LAUDERDALE FL 33316

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, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.

OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
RIZZO, FRANK
2760 NE 58TH COURT
FT LAUDERDALE FL

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

STD
RIZZO, GLORIA
57 CAYUGA RD
SEA RANCH LKS, FL 00000

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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 of this report, 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 #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90009 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1901252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

FL

Zip Code

4/25/00 964 52396