

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F33059

1. Entity Name
COMMANDER SATELLITE CORPORATION

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90097 040 ***150.00

Principal Place of Business

Mailing Address

182 FAIRCHILD AVE.
PLAINVIEW NY 11803

182 FAIRCHILD AVE.
PLAINVIEW NY 11803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2094021**

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

LEVY, JACK L.
972 CYPRESS DRIVE
DELRAY BEACH FL 33483

Name

Edward Zukerman

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

4100 Georges Way

City

Boca Raton,

FL

Zip Code

33434

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 *Edward Zukerman* **Edward Zukerman**

4-25-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHAPIRO, JOSEPH G**
STREET ADDRESS **145 TALL OAK CRESCENT**
CITY-ST-ZIP **OYSTER BAY COVE NY 11791**

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

TITLE **S/D** ☐ Delete
NAME **SHAPIRO, LEONARD**
STREET ADDRESS **10 WHITNEY CIRCLE**
CITY-ST-ZIP **GLEN COVE NY 11542**

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

TITLE **VPD** ☐ Delete
NAME **GOLDBERG, JOYCE**
STREET ADDRESS **39 MATINECOOK FARMS RD.**
CITY-ST-ZIP **GLEN COVE NY 11542**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

JOSEPH G. SHAPIRO

Date

Daytime Phone #

CR2E034 (10/00)