

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91519 046 ***150.00

DOCUMENT # F33059
 1. Entity Name
COMMANDER SATELLITE CORPORATION

Principal Place of Business Mailing Address
182 FAIRCHILD AVE. **182 FAIRCHILD AVE.**
PLAINVIEW NY 11803 **PLAINVIEW NY 11803**

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 **59-2094021** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZUKERMAN, EDWARD
4100 GEORGES WAY
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SHAPIRO, JOSEPH G	
STREET ADDRESS	145 TALL OAK CRESCENT	
CITY-ST-ZIP	OYSTER BAY COVE NY 11791	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, LEONARD	
STREET ADDRESS	10 WHITNEY CIRCLE	
CITY-ST-ZIP	GLEN COVE NY 11542	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOLDBERG, JOYCE	
STREET ADDRESS	39 MATINECOOK FARMS RD.	
CITY-ST-ZIP	GLEN COVE NY 11542	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shapiro, Harold	
STREET ADDRESS	401 Link Drive	
CITY-ST-ZIP	North Hills, NY 11576	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shapiro, Honora	
STREET ADDRESS	7135 Hollywood Blvd. Penthouse East	
CITY-ST-ZIP	Los Angeles, Ca 90046	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **516 349-3200**
 Date Daytime Phone #

CR2E034 (9/01)