

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90031 020 \*\*\*\*55.00

**DOCUMENT # L01000012494**

1. Entity Name

**SATELLITECH, LLC**



Principal Place of Business

**8859 GARLAND AVENUE  
SURFSIDE FL 33154**

Mailing Address

**8859 GARLAND AVENUE  
SURFSIDE FL 33154**

2. Principal Place of Business

**1948 NE 123 ST**

3. Mailing Address

**PO BOX 547005**

Suite, Apt. #, etc.

**# 101**

Suite, Apt. #, etc.

**SURFSIDE, FL**

City & State

**N. MIAMI, FL**

City & State

**SURFSIDE, FL**

Zip

**33181**

Country

**DADE**

Zip

**33154**

Country

**DADE**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1128182**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PAONESSA, LOURDES  
8859 GARLAND AVENUE  
SURFSIDE FL 33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/26/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **PAONESSA, LOURDES**  
STREET ADDRESS **8859 GARLAND AVENUE**  
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **MGRM** ☐ Delete  
NAME **SERBOV, JORGE II**  
STREET ADDRESS **8859 GARLAND AVENUE**  
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**03/26/03** **305**  
**865 2736**

Date

Daytime Phone #

CR2E083 (10/02)