

# 2001 UNIFORM BUSINESS REPORT (UBR)

0131853 AT

DOCUMENT # **L25702**

1. Entity Name  
**CORPORATE SATELLITE COMMUNICATIONS/FLORIDA, INC.**

**FILED**

**01 SEP 27 AM 8:12**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**7007 NW 32ND AVE  
MIAMI FL 33147  
US**

Mailing Address

**P O BOX 547  
MONTVALE NJ 07645  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **PD** ☐ Delete  
NAME **SACKERMANN, CHARLES E JR.**  
STREET ADDRESS **110 SUMMIT AVENUE**  
CITY-ST-ZIP **MONTVALE NJ**

TITLE **VPD** ☐ Delete  
NAME **SACKERMANN-TAORMINA, NANCY**  
STREET ADDRESS **110 SUMMIT AVENUE**  
CITY-ST-ZIP **MONTVALE NJ**

TITLE **VPD** ☐ Delete  
NAME **SACKERMANN-MCGOVERN, KATHLEEN**  
STREET ADDRESS **110 SUMMIT AVENUE**  
CITY-ST-ZIP **MONTVALE NJ**

TITLE **ST** ☐ Delete  
NAME **SACKERMANN, VERNICE**  
STREET ADDRESS **110 SUMMIT AVENUE**  
CITY-ST-ZIP **MONTVALE NJ**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/6/01**  
Date

**201-930-0533**  
Daytime Phone #

CR2E034 (5/01)