

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90249 015 ***150.00

DOCUMENT # L25702

1. Entity Name

CORPORATE SATELLITE COMMUNICATIONS/FLORIDA, INC.

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

3. Mailing Address

180 Summit Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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 \$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

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **180 Summit Avenue**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **180 Summit Avenue**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **180 Summit Avenue**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **180 Summit Avenue**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/11/02

Date

201-930-0533
 Daytime Phone #

CR2E034 (9/01)