

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000202

1. Entity Name

SOUTH FLORIDA TRANSPONDER SERVICES, L.L.C.

FILED

00 JAN 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7291 NORTHWEST 74TH STREET
MEDLEY FL 33166

Mailing Address

7291 NORTHWEST 74TH STREET
MEDLEY FL 33166-2407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0712763

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SPRECHMAN, DAVID
STREET ADDRESS 7291 NORTHWEST 74TH STREET
CITY-ST-ZIP MEDLEY FL 33166

TITLE ☐ Change ☐ Add
NAME 100003121141--9
STREET ADDRESS -02/02/00--01082--012
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME BEHAR, ROBERT
STREET ADDRESS 7291 NORTHWEST 74TH STREET
CITY-ST-ZIP MEDLEY FL 33166

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

TITLE MGR ☐ Delete
NAME MCBRIDE, W. GARY
STREET ADDRESS 10360 USA TODAY WAY
CITY-ST-ZIP MIRAMAR FL 33025

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

TITLE MGR ☐ Delete
NAME FRANCHI, JOSE E
STREET ADDRESS 10360 USA TODAY WAY
CITY-ST-ZIP MIRAMAR FL 33025

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 OR MANAGER

Date

Daytime Phone #