

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90079 019 ***150.00

DOCUMENT # P00000001064

1. Entity Name

FLORIDA CUSTOM SATELLITE CORP.



Principal Place of Business

**7830 N.W. 72 AVE
MIAMI FL 33166
US**

Mailing Address

**7830 N.W. 72 AVE
MIAMI FL 33166
US**

2. Principal Place of Business

749 NW 132 Ct

3. Mailing Address

749 NW 132 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33182 Dade

Zip

Country

33182 Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0971309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, PEDRO L
749 NW 132ND COURT
MIAMI FL 33182**

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

3/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, PEDRO L	
STREET ADDRESS	749 NW 132ND COURT	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ARLENE	
STREET ADDRESS	749 NW 132 COURT	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ARLENE	
STREET ADDRESS	749 NW 132 COURT	
CITY-ST-ZIP	MIAMI FL 33182	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date

Daytime Phone #

3/29/03

CR2E034 (10/02)