

# 2001 UNIFORM BUSINESS REPORT (UBR)

0479119

DOCUMENT # P00000006063

1. Entity Name  
INTERNET SATELLITE PLATFORM, INC.



FILED

02 APR 22 PM 6:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3103 NORTHWEST 97TH COURT  
MIAMI FL 33172

Mailing Address  
3103 NORTHWEST 97TH COURT  
MIAMI FL 33172

2. Principal Place of Business  
201 PARK PLACE  
Suite, Apt. #, etc.  
#106  
City & State  
ALAMONTE SPGS  
Zip  
32701  
Country  
SEMINOLE

3. Mailing Address  
PO BOX 941032  
Suite, Apt. #, etc.  
City & State  
MAITLAND  
Zip  
32794  
Country  
ORANGE

4. FEI Number  
59-3630201  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name  
HENRY EWEN  
Street Address (P.O. Box Number is Not Acceptable)  
201 PARK PLACE #106  
City  
ALAMONTE SPGS FL Zip Code  
32701

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 DATE 01/15/2002  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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		
TITLE NAME	PSD PINO, MARIO J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3103 NORTHWEST 97TH COURT MIAMI FL 33172	105 HATFIELD CT CONELSON, FL 32779
TITLE NAME	HENRY EWEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2628 DERBYSHIRE RD MAITLAND, FL 32751	
TITLE NAME	CFO HENRY EWEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2628 DERBYSHIRE RD MAITLAND, FL 32751	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME	200005463232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	-05/06/02--01000-027 ****900.00 ****900.00	
TITLE NAME	REINSTATEMENT 01-02	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE 01/15/2002 DAYTIME PHONE # 407 831 2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034(10/00)