

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000014221****1. Entity Name**
NERA SATCOM INC**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90143 006 ***150.00

Principal Place of Business**Mailing Address**15251 S.W. 60TH LN.
MIAMI FL 3319315251 S.W. 60TH LN.
MIAMI FL 33193**2. Principal Place of Business****3. Mailing Address**

770 Ponce De Leon Blvd.

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL

Zip

Country

Zip

Country

33134

Miami Dade

4. FEI Number

Applied For

91-2221442

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**SANCHEZ, SOL BEATRIZ
15251 S.W. 60TH LN.
MIAMI FL 33193

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME Sol Beatriz Sanchez
STREET ADDRESS 15251 S.W. 60th Lane
CITY-ST-ZIP Miami, FL 33193TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01

CR2E034 (10/00)