

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084403

1. Entity Name
GLOBO SATELITE INSTALLATION, INC

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90121 010 ***150.00

Principal Place of Business

Mailing Address

1902 SW 83 RD
N LAUDERDALE FL 33068

1902 SW 83 RD
N LAUDERDALE FL 33068

00007041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1436 E. ATLANTIC BLVD

3. Mailing Address

1436 E. ATLANTIC BLVD

Suite, Apt. #, etc.

STE I

Suite, Apt. #, etc.

STE I

City & State

POMPANO BCH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-1028808

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

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

RIBEIRO, LUIZ C
1902 SW 83 RD
N LAUDERDALE FL 33068

RIBEIRO, LUIZ C.

Street Address (P.O. Box Number is Not Acceptable)

1436 E. Atlantic Blvd

STE I

City

POMPANO BEACH

FL

Zip Code
33060

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

01/09/01

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 D
STREET ADDRESS RIBEIRO, LUIZ C
CITY-ST-ZIP 1902 SW 83 RD
N LAUDERDALE FL 33068

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PINTO, VIVIANE E
CITY-ST-ZIP 1902 SW 83 RD
N LAUDERDALE FL 33068

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01

Date

(954) 718-2544

Daytime Phone #

CR2E034 (10/00)