FILED
May 21, 2003 8:00 am
Secretary of State

04-30-2003 90150 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084403

1. Entity Name
GLOBO SATELITE INSTALLATION, INC

55042441

Principal Place of Business	Mailing Address
1436 E ATLANTIC BLVD SUITE 1 POMPANO BEACH FL 33060	1436 E ATLANTIC BLVD SUITE 1 POMPANO BEACH FL 33060

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1902 SW 83 Ave		1902 SW 83 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NORTH Laudendale, FL		City & State: NORTH Laudendale, FL	
Zip: 33068	Country: USA	Zip: 33068	Country: USA

4. FEI Number 65-1028808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIBEIRO, LUIZ C
1436 E. ATLANTIC BLVD
SUITE 1
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name: Luiz C Ribeiro
Street Address (P.O. Box Number is Not Acceptable): 1902 SW 83 Ave
City: NORTH Laudendale FL Zip Code: 33068

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] 5.19.2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBEIRO, LUIZ C 1902 SW 83 RD N LAUDERDALE FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINTO, VIVIANE E 1902 SW 83 RD N LAUDERDALE FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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] 04.28.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #