

4/17

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90072 039 \*\*\*150.00

**DOCUMENT # P00000103041**

1. Entity Name

**SATELLITE DEPOT CORPORATION**

Principal Place of Business

**260 NORTH BRIDGE STREET  
LABELLE FL 33935**

Mailing Address

**260 NORTH BRIDGE STREET  
LABELLE FL 33935**

2. Principal Place of Business

**260 N. Bridge St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Labelle, Florida**

City &amp; State

4. FEI Number

**65-1053585**

Applied For

Not Applicable

Zip

**33935**

Country

**U.S.A.**

Zip

Country

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

6. Name and Address of Current Registered Agent

**LOPEZ, BERNARDO  
260 NORTH BRIDGE STREET  
LABELLE FL 33935**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

**PD** ☐ Delete  
**LOPEZ, BERNARDO**  
**260 NORTH BRIDGE STREET**  
**LABELLE FL 33935**

**VPD** ☐ Delete  
**LOPEZ, MATILDE**  
**260 NORTH BRIDGE STREET**  
**LABELLE FL 33935**

**SD** ☐ Delete  
**ECHEVERRY, MARTHA**  
**260 NORTH BRIDGE STREET**  
**LABELLE FL 33935**

☐ Delete  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Delete  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Delete  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition  
**TITLE**  
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**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: Bernardo Lopez. Bernardo Lopez. President.** **04-12-01. 863-672-1787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)