

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 023 ***150.00

0362262 AV

DOCUMENT # P01000019382

1. Entity Name
SATCOM SOLUTIONS, INC



Principal Place of Business
5440 STATE ROAD 7
SUITE 220
FORT LAUDERDALE FL 33319
US

Mailing Address
5440 STATE ROAD 7
SUITE 220
FORT LAUDERDALE FL 33319
US



2. Principal Place of Business
5440 N. STATE ROAD 7

3. Mailing Address
5440 N. STATE Rd 7.

Suite, Apt. #, etc.
SUITE: 224

Suite, Apt. #, etc.
SUITE: 224

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL.

Zip **33319** **Country** **U.S.**

Zip **33319** **Country** **U.S.**

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-1087085**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEIVA, FERNANDO
3110 NW 95TH AVENUE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **MARIO E. PALAZZI**

Street Address (P.O. Box Number is Not Acceptable)
10712 W. SAMPLE Rd.

City **CORAL SPRINGS** **FL** **Zip Code** **33065**

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

MARIO E. PALAZZI
(NOTE: Registered Agent signature required when reinstating)

DATE **04/29/03.**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PALAZZI, MARIO E	
STREET ADDRESS	5440 STATE ROAD 7 SUITE 220	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	LEIVA, FERNANDO	
STREET ADDRESS	5440 STATE ROAD 7 SUITE 220	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAZZI, MARIO E.	
STREET ADDRESS	5440 N. STATE Rd 7. SUITE: 224	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33319.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/29/03.** **(954) 673-7278**
Daytime Phone #

CR2E034 (10/02)