## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000028731 **DOCUMENT #**

1. Entity Name

Y2K SATELLITE SYSTEMS, INC.



## **FILED** Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90118 042 \*\*\*150.00

| Principal Place of Business<br>18090 SW 158TH STREET<br>MIAMI FL 33187   |  | Mailing Address<br>18090 SW 158TH STREET<br>MIAMI FL 33187 |                     |  |              |   |                          |                         |                               |  |
|--|--|--|---------------------|--|--------------|---|--------------------------|-------------------------|-------------------------------|--|
| 2. Principal Place of Business   |  | 3. Mailing Address   |                     |  |              |   | 1 <b>60</b> 111 1581 185 |                         |                               |  |
| Suite, Apt. #, etc.  |  | Suite, Apt   | Suite, Apt. #, etc. |  |              | ☐ CHECK HERE IF MAKING CHANGES                      |                          |                         |                               |  |
| City & State   |  | City & State   |                     |  | <b>4.</b> F  | 65-1120363  |                          | <b>———</b>              | Applied For<br>Not Applicable |  |
| Zip  | Country                                    | Zip  | Co                  | ountry                                 | <b>5.</b> C  | ertificate of Status Desired                        |                          | <b>8.75</b> Adee Requir |                               |  |
| 6. 1   | Name and Address of Curren                 | t Registered Ag  | ent                 |  | 7. N         | ame and Address of New R                            | egistered A              | gent                    |                               |  |
|  |  |  | <del>'''</del>      | Name                                   |              |   |                          |                         |                               |  |
| GOMEZ, DANIEL L<br>18090 SW 158TH STREET   |  |  | · ·                 | Street Addr                            | ess (P.O. Bo | ox Number is Not Acceptable                         | )                        |                         |                               |  |
| MIAMI FL 33187   |  |  |                     | City                                   |              |   | FL                       | Zip Co                  | de                            |  |
|  | entity submits this statement              |  |                     |  |              |   |                          |                         |                               |  |
| the obligations of   |  |  |                     | stered Agent signature re              |              |   | 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 Fin<br>Trust Fund Contribution | n. 🗆                     | Adde                    | 00 May Be<br>ed to Fees       |  |
| 10.  | OFFICERS AN                                | D DIRECTORS  | 1                   | 11.                                    | ADI          | DITIONS/CHANGES TO OFF                              | ICERS AND                | DIRECTO                 | RS IN 11                      |  |
| NAME GOME STREET ADDRESS 18090   | Z, DANIEL L<br>SW 158TH STREET<br>FL 33187 |  |                     | TITLE NAME STREET ADDRESS CITY- ST-ZIP |              |   |                          | ☐ Change                | Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | 1. •   |                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |              |   |                          | ☐ Change                | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | , <u></u>  | 5416.6<br>:         | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |              |   |                          | ☐ Change                | : Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | .  |                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |              |   |                          | ☐ Change                | e ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | 1 to A4 400.   |                     | TITLE NAME STREET ADDRESS CITY- ST-ZIP |              |   | ,                        | ☐ Change                | Addition                      |  |
| TITLE  |  |  | ☐ Delete            | TITLE                                  |              |   |                          | ☐ Change                | Addition                      |  |

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.

STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS CITY-ST-7IP